110th Congress, 1st Session - - - - - - - - - - - - - - House Document 110–43

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Financial Disclosure Reports of

FINANCIAL DISCLOSURE REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

January 1, 2006 and December 31, 2006

COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO RULE XXVI, CLAUSE 1, OF THE HOUSE RULES

(Volume 1 of 4)

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JUNE 28, 2007.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

110th Congress, 1st Session - - - - - - - - - - - - - - House Document 110–43

FINANCIAL DISCLOSURE

REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

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U.S. GOVERNMENT PRINTING OFFICE

36–370 WASHINGTON : 2007

LETTER OF SUBMITTAL

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 29, 2007.

Hon. NANCY PELOSI,
The Speaker, The Capitol,
House of Representatives, Washington, DC.

DEAR MADAM SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended, 5 U.S.C. app. § 101–111 (1994), and the House Rule XXVI.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XXVI by May 15, 2007. The compilation includes reported financial transactions which occurred between January 1, 2006 and December 31, 2006.

House Rule XXVI provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With best wishes, I am

Sincerely,

LORRAINE C. MILLER,
Clerk, House of Representatives.

Enclosures.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A

For use by Members, officers, and employees

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OFFICE OF THE CLERK

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

MC

Neil Abercrombie
(Full Name)

1502 Longworth
Washington, DC 20515
(Mailing Address)

(202) 225-2726
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: Hawaii District: 1st [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Neil Abercrombie	5-18-7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
State of Hawaii	Legislative pension	27,000
Research Corporation of the University of Hawaii	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Neil Abercrombie | Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify, For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP	SP Mega Corp Stock	X	X	X	P
DC	*Examples:* Simon & Schuster	Indefinite	Royalties		
JT	1st Bank of Paducah, KY accounts	X	X	X	
	Univ of Hawaii Credit union	X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
Maritime Trades Dept, AFL-CIO	Feb 24-27	Honolulu-San Diego-DC	Y	Y	N	1 Day
Int'l Longshoremans Warehouse union	July 10-11	Honolulu-Los Angeles-DC	Y	Y	N	None
American Gas Association	Sept 17-18	DC-West Palm Beach, FL-DC	Y	Y	N	None
Matson Navigation Co.	July 22-23	DC-Philidelphia-DC	Y	Y	N	None
us Association of Journeymen + Apprentices Plumbing + Pipe Fitting Industry	Aug 7-8	Honolulu-Las Vegas-Honolulu	Y	Y	N	None
APWU-AFL-CIO	Aug 12-13	Honolulu-Philadelphia-Honolulu	Y	Y	N	None

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED (9)
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(Office Use Only) U.S. HOUSE OF REPRESENTATIVES

Gary L. Ackerman
(Full Name)

2243 Rayburn Washington, DC 20515
(Mailing Address)

202-225-2601
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: NY District 05 — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) — Amendment ☐ — Termination ☐ — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Gary L. Ackerman	5-15-07

5

SCHEDULE I - EARNED INCOME

Name Gary L. Ackerman

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Pride of Judea Mental Health Center/Jewish Board of Family and Children's Services	Spouse Compensation	N/A
Spouse Private Practice/Consulting	Spouse Compensation	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Gary L. Ackerman

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
The Connell Company	Speech	Aug. 1, 2006	$2,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Tribco, LLC (newspaper company), Flushing, NY	$250,001 - $500,000	CAPITAL GAINS	$15,001 - $50,000	
IRA--Nationwide Annuity: Best of America IV Fixed Account	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
IRA--Nationwide Annuity: Best of America IV Fixed Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
IRA--Family Management Corp.	$1,001 - $15,000	See below for specific assets	See below	See below
Melrose Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
Citibank (checking/savings/Money Market accounts)	$1,001 - $15,000	INTEREST	$1 - $200	

Pershing/Alliance Cash/Money Market Government Account (part of Family Management Corp. IRA)	$1,001 - $15,000	INTEREST	$1 - $200	
Pershing/Alliance Cash/Money Market Government Account (separate accounts)	$1 - $1,000	INTEREST	$1 - $200	
Pershing/Alliance Cash/Money Market Government Account (separate accounts)	None	None	NONE	
Congressional Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	
Sonus Networks, Inc. Stock (part of Family Management Corp. IRA)	$1 - $1,000	None	NONE	
Pimco Real Return Fd Cl D (part of Family Management Corp. IRA)	None	CAPITAL GAINS	$201 - $1,000	S
Merger Fund (part of Family Management Corp. IRA)	None	None	NONE	S
Xenonics	None	CAPITAL GAINS	$15,001 - $50,000	S
Fidelity Investments, Magellan Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
IRA Sterling Trust/Esquire Bank	$15,001 - $50,000	None	NONE	P
Fairholme Fund (part of Family Management Corp. IRA)	$1,001 - $15,000	CAPITAL GAINS/INTERES T	$1 - $200	P/Partial Sale
Diamond Hill Focus Long Short Fd Cl A (part of Family Management Corp. IRA)	None	None	NONE	P/S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

Polaris Global Value Fund (part of Family Management Corp. IRA)	None	None	NONE	P/S
Third Avenue Value Fund (part of Family Management Corp. IRA)	None	None	NONE	P/S

SCHEDULE IV - TRANSACTIONS

Name Gary L. Ackerman

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Pimco Real Return Fd Cl D (part of Family Management Corp. IRA)	S	1/27/06	$15,001 - $50,000
	Merger Fund (part of Family Management Corp. IRA)	S	1/27/06	$15,001 - $50,000
	Xenonics	S	Various (partial payment deferred & received in 2007)	$50,001 - $100,000
	IRA Sterling Trust/Esquire Bank	P	11/30/06	$15,001 - $50,000
	Fairholme Fund (part of Family Management Corp. IRA)	P	1/30/06	$15-50,000
	Fairholme Fund (part of Family Management Corp. IRA)	S pt	9/13/06	$1,001 - $15,000
	Fairholme Fund (part of Family Management Corp. IRA)	P	12/15/06	$15,001 - $50,000
	Diamond Hill Focus Long Short Fd Cl A(part of Family Management Corp. IRA)	P	2/1/06	$1,001 - $15,000
	Diamond Hill Focus Long Short Fd Cl A(part of Family Management Corp. IRA)	S	9/15/06	$1,001 - $15,000
	Polaris Global Value Fund (part of Family Management Corp. IRA)	P	1/30/06	$15,001 - $50,000
	Polaris Global Value Fund (part of Family Management Corp. IRA)	S	9/13/06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Gary L. Ackerman

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Third Avenue Value Fund (part of Family Management Corp. IRA)	P	2/1/06	$15,001 - $50,000
	Third Avenue Value Fund (part of Family Management Corp. IRA)	S	9/15/06	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name Gary L. Ackerman

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors (unpaid)	Tribco LLC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A

For use by Members, officers, and employees

HAND DELIVERED (6)

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2007 MAY 15 PM 2:34

MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

ROBERT BROWN ADERHOLT
(Full Name)

POST OFFICE BOX 323 HALEYVILLE, AL 35565-0323
(Mailing Address)

202-225-4876
Daytime Telephone:

Filer Status ☑ Member of the U.S House of Representatives — State AL — District: 4TH — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

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PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☑

If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑

If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐

If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐

If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑

If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑

If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐

If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑

If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑

If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert B Aderholt	5-15-2007

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	60 Acres Land - Hoggleridge Haleyville AL	$15,001 - $50,000	Other: Coal Royalties	None
	Commercial Bldg - Hwy 5 South Haleyville AL	$250,001 - $500,000	Rent	$15,001 - $50,000
	IRA - Traders & Farmers Bank	$1,001 - $15,000	Interest	N/A
	IRA - NY Life Securities Inc	$50,001 - $100,000	Dividends	N/A
	IRA - New York Life Insurance	$1,001 - $15,000	Intererst	N/A
SP	Beaver Dam Farm Inc	$1,001 - $15,000	Other: Farm Income	$2,501 - $5,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT

SP	65 Acres Land - Greenbrier Farms/McDonald Farms Partnership	$100,001 - $250,000	Other: Farm Income	$5,001 - $15,000	
SP, DC	Greenbrier Enterprises LLC	$15,001 - $50,000	Rent	$5,001 - $15,000	
	Congressional Federal Credit Union	$1 - $1,000	Interest	None	
SP	Congressional Federal Credit Union	$1 - $1,000	Interest	None	
JT	Superior Bank (formerly Community Bank)	$1,001 - $15,000	Interest	$1 - $200	
	Traders & Farmers Bank	$1,001 - $15,000	Interest	None	
SP	Traders & Farmers Bank	$1 - $1,000	Interest	None	
DC	Traders & Farmers Bank	$1 - $1,000	Interest	$1 - $200	
	Common Stock - Glaxosmith Kline	$1,001 - $15,000	Dividends	$201 - $1,000	
	Common Stock - Telefonos De Mexico	$1 - $1,000	Dividends	$1 - $200	
	Common Stock - Prime Cash Series	$1,001 - $15,000	Dividends	None	
	Common Stock - Alliance Capital	$1,001 - $15,000	Dividends	None	
	Common Stock - H & Q Healthcare	$1,001 - $15,000	Capital Gains	$201 - $1,000	
	Com Stk - Ivax Corp/TEVA Pharmaceuticals	$1,001 - $15,000	Dividends	None	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT

JT	Common Stock - Navistar International	$1,001 - $15,000	Dividends	None
	Common Stock - American Movil S A	$1 - $1,000	Dividends	$1 - $200
	Common Stock - Oppenheimer & Co	$1 - $1,000	Dividends	$1 - $200

SCHEDULE IV - TRANSACTIONS

Name ROBERT BROWN ADERHOLT

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Com Stk - Ivax Corp/TEVA Pharmaceuticals	S	04-24-06	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name ROBERT BROWN ADERHOLT

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The International Foundation - Government-business dialogue with officials and business leaders	Jan 11-18	Washington DC-Vienna Austria-Budapest Hungary-Almaty Kazakhstan-Washington DC	Y	Y	Y	None
The Heritage Foundation - Educational	Jan 30-31	Washington DC-Harbour Court Hotel Baltimore MD-Washington DC	Y	Y	N	None
The International Foundation - To develop and strengthen relationships with political leaders	May 26-31	Washington DC-Belgrade Serbia-Tirana Albania-Belgrade Serbia-Washington DC	Y	Y	N	None
Business Council of Alabama - Attended Governmental Affairs Conference	Aug 25-27	Panama City Beach Florida-Perdido Beach Alabama-Huntsville Alabama	Y	Y	Y	None
The International Foundation - Meet with Sudanese officals to discuss the ongoing crisis in Darfur	Dec 10-14	Washington DC-Khartoum Sudan-Washington DC	Y	N	N	None

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY -4 AM 11:39

MC

(Office Use Only)

W. TODD AKIN
(Full Name)

305 CONWAY HILL RD.
(Mailing Address)

ST. LOUIS, MO 63141

Daytime Telephone: 202-225-2561

Filer Status	[X] Member of the U.S. House of Representatives	State: MO District: 2	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	W. Todd Akin	MAY 07

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name W. TODD AKIN

Page 2 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	SP Mega Corp Stock						X							X																		P
DC	*Examples* Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	MERRIL LYNCH RETIREMENT ANNUITY – QUALITY EQUITY				X															ANNUITY	X											
	IRA – AIM WEINGARTEN			X											X						X											
SP	IRA – AIM WEINGARTEN			X											X						X											
	ROTH IRA – DWS DREMAN HENNESSY			X											X							X										
SP	ROTH IRA – DWS DREMAN HENNESSY			X											X							X										
JT	FORD MTR BONDS			X											X																	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. TODD AKIN

Page 3 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
JT	AT+T	C $1,001 - $15,000	DIVIDENDS	II $1 - $200	
JT	BRISTOL-MYERS SQUIBB	C $1,001 - $15,000	DIVIDENDS	II $1 - $200	
JT	DU PONT	C $1,001 - $15,000	DIVIDENDS	II $1 - $200	
JT	GENERAL ELECTRIC	C $1,001 - $15,000	DIVIDENDS	II $1 - $200	
JT	GENERAL MOTORS	C $1,001 - $15,000	DIVIDENDS	II $1 - $200	
JT	GOOD YEAR TIRE	C $1,001 - $15,000	NONE	I None	
JT	INTERNATIONAL PAPER	C $1,001 - $15,000	DIVIDENDS	II $1 - $200	
JT	JP MORGAN	C $1,001 - $15,000	DIVIDENDS	II $1 - $200	
JT	LSI LOGIC	C $1,001 - $15,000	NONE	I None	
JT	MERCK	C $1,001 - $15,000	DIVIDENDS	II $1 - $200	
JT	NOKIA	C $1,001 - $15,000	DIVIDENDS	II $1 - $200	
JT	VERIZON	C $1,001 - $15,000	DIVIDENDS	II $1 - $200	
JT	VERIZON SPIN OFF IDEARC	B $1 - $1,000	NONE	I None	

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
Harvard Class of 1944 Reunion Committee	Oct. 13-14	St. Louis - Cambridge, MA - St. Louis	Y	Y	N	None
The Heritage Foundation	Jan. 29-31	DC - Baltimore - DC	Y	Y	Y	None

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

RESOURCE CENTER
2007 JUN -7 PM 2:27
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

W. TODD AKIN
(Full Name)

305 CONWAY HILL RD.
(Mailing Address)

ST. LOUIS, MO 63141

Daytime Telephone 202-225-2561

Filer Status	[X] Member of the U.S. House of Representatives	State MO District 2	[ ] Officer or Employee — Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	W. Todd Akin	6/6/07

Name W. TODD AKIN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP, DC, JT	Asset	Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Examples, Partnership Income or Farm Income)	Block D: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Block E: Transaction (P, S, E)
SP	Mega Corp. Stock				X									X										X								P
DC	Simon & Schuster			Incentive																Royalties						X			X			
JT	Bank of Pantucket, NY account						X									X																
JT	MERRIL LYNCH RETIREMENT ANNUITY -- QUALITY EQUITY				X															ANNUITY	X											
	IRA - AIM WEINGARTEN			X											X							X										
SP	IRA - AIM WEINGARTEN			X											X							X										
	ROTH IRA - DWS DREHAN HEINWESSY			X											X							X										
SP	ROTH IRA - DWS DREHAN HEINWESSY			X											X							X										
JT	FORD MTR. BONDS			X													X						X									

For additional assets and unearned income, use next page.

ORIGINAL

(4)

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Rep. Rodney Alexander
(Full Name)

316 Cannon House Office Building Washington, DC 20515
(Mailing Address)

202-225-8490
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives State: LA District: 05 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Rodney Alexander	May 13, 2007

SCHEDULE I - EARNED INCOME

Name Rep. Rodney Alexander

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Teachers Retirement System of Louisiana	Spouse Retirement	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rep. Rodney Alexander

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Anadarko	Indefinite	Royalties	$5,001 - $15,000	

FOOTNOTES

Name Rep. Rodney Alexander

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Funds received from harvesting of gas on personal home property	Anadarko

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

(6)

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 4:31
MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Clerk Use Only)

THOMAS H. ALLEN
(Full Name)

17 FAIRMOUNT ST
(Mailing Address)

PORTLAND ME 04103

Daytime Telephone: 202-225-6116

Filer Status	[X] Member of the U.S. House of Representatives — State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas H. Allen	5/14/07

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP/DC/JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P. S. E
SP	Mega Corp Stock					X								X										X								P
DC Examples:	Simon & Schuster			Indefinite												X				Royalties									X			
JT	1st Bank of Paducah, KY accounts						X																			X						
JT	UBS FIN'L SERVICES ACCT			X													X						X									
JT	AMER. FUNDS WORLD GROWTH + INC. CL-A				X										X			X							X							
JT	~~AMER FUNDS AMER BALANCED FUND~~ CL-A				X										X			X						X								
JT	AMER FUNDS - AMER. MUTUAL FUND CL-A				X										X			X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS H. ALLEN

Page 3 of 6

BLOCK A Asset and/or Income Source (SP, DC, JT)	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
UBS INHERITED IRA																															
AMER FUNDS - CAPITAL				X									X				X					X									
WORLD GROWTH + INC CL-A																															
AMER FUNDS AMER				X									X				X					X									
BALD FUND CL-A																															
AMER FUNS - AMER				X									X				X					X									
MUTUAL FUND CL A.																															
UBS BANK USA DEP ACCT				X												X						X									
DRUMMOND WOODSUM PSP																															
FED INTERM CORP BOND						X										X							X								
VANGUARD 500 INDEX						X							X				X								X						
GROWTH FUND OF AMER				X		X							X				X						X								
ICMA RETIRE CORP			X										X				X					X									
GROWTH FUND																															
245 COMMERCIAL ST						X							X					PARTNERSHIP		X											
PORTLAND ME																															
5.897% INTEREST																															
IN REAL ESTATE																															

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SCHEDULE IV — TRANSACTIONS

Name THOMAS H. ALLEN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-06		X								
	1985 INHERITED IRA US TREAS. (5.625% 2/15/06)		X		2/15/06	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	BANGOR SAVINGS BANK	MORTGAGE ON 245 COMMERCIAL ST PORTLAND ME				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

Name THOMAS H. ALLEN | Page 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
ALLIANCE OF AUTO. MFRS.	JAN 8-10	PORTLAND DETROIT-PORT.	Y	Y	N	NONE
COMMONWEALTH FUND	JAN 12-14	PORTLAND - FT LAUDERDALE ↓ RETURN	Y	Y	Y	2 DAYS
AMER. SHIPBLDG ASS'N	NOV 27-29	" - FT MYERS - PORTLAND	Y	Y	N	NONE

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY -8 PM 1:04

MC
(Office Use Only)

Jason Altmire
(Full Name)
8190 Streamside Drive
(Mailing Address)
Pittsburgh, PA 15237
Daytime Telephone 412-630-9487

Filer Status	[✓] Member of the U.S. House of Representatives	State Pennsylvania District 4	[ ] Officer or Employee	Employing Office
Report Type	[✓] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [✓]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [✓]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [✓]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jason Altmire	May 3, 2007

Name	Page
Jason Altmire	2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honorana; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	AARP	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Jason Altmire | Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jason Altmire

Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

Block A	Block B	Block C	Block D	Block E
	A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP Mega Corp. Stock		X			X																			P
DC Examples: Simon & Schuster	Indefinite													Royalties							X			
JT 1st Bank of Paducah KY accounts						X							X					X						
Sirius Satellite Stock			X									X					X							
Paragon Life Cash Value				X								X						X						
UPMC Retirement	X											X				X								
Vanguard Wellington				X								X						X						
American Funds			X									X						X						
Artisan Mid Cap Fund			X									X						X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jason Altmire

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
SP	Ariba Stock	A None		I None	
SP	Walt Disney stock	C $1,001 – $15,000	DIVIDENDS	III $201 – $1,000	
SP	Janus Balanced Fund	C $1,001 – $15,000	DIVIDENDS	II $1 – $200	
SP	Baron Growth Fund	C $1,001 – $15,000		I None	
SP	T. Rowe Price Blue Chip	D $15,001 – $50,000		I None	
SP	TRP Mid Cap Growth	D $15,001 – $50,000		I None	
SP	TRP Personal Strategy Growth	D $15,001 – $50,000		I None	

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SCHEDULE IV — TRANSACTIONS

Name Jason Altmire

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT		**Asset**														
SP	*Example*	Mega Corporation Common Stock	X			10–12–06		X								

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Name Jason Altmire | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

Name Jason Altmire | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice President	North Hills Community Outreach
Board Member	Heritage Health Foundation
Board Member	Penn State Beaver Advisory Board
President	Northland Public Library Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 11:39
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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

5

MC

Robert E. Andrews
(Full Name)

215 Fourth Avenue Haddon Heights, NJ 08035
(Mailing Address)

856-546-5100
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representative — State: NJ District 01 — ☐ Officer Or Employee — Employing Office

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	
III	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑ No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert E. Andrews	5/14/07

SCHEDULE I - EARNED INCOME

Name Robert E. Andrews

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Rutgers Law School	Spouse Salary	N/A
Dilworth Paxson LLP	Spouse Salary	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Robert E. Andrews

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
The Connell Company	Speech	July 31, 2006	$2,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Olive B. Andrews Testamentary Trust (50%) remainder interest in Life Estate. NOTE: This trust was not created by the reported individual and the reporting individudal has no specific knowledge of the holdings of the trust	$15,001 - $50,000	EXCEPTED TRUST	NONE	
JT	Citizens Bank Checking Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	PNC National Bank Checking	$15,001 - $50,000	INTEREST	$201 - $1,000	
SP	Stock - Verizon	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews

SP	Stock- PEPCO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Morgan Stanley Money Market Fund	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	The Hershey Company	$1 - $1,000	DIVIDENDS	$1 - $200	

(5)

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Michael Arcuri
(Full Name)

2617 Crestway Utica, NY 13501 — 202-225-3665
(Mailing Address) — Daytime Telephone

Filer Status	✓ Member of the U.S. House of Representatives — State NY, District 24	Officer Or Employee	Employing Office:
Report Type	✓ Annual (May 15)	Amendment	Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ✓ No	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $365 and not otherwise exempt)? If yes, complete and attach Schedule VI. N/A	Yes No ●
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes No ✓	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII. N/A	Yes No ●
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ✓ No	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ✓ No
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes No ✓	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes No ✓
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ✓ No		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael A. Arcuri	5-15-07

50

SCHEDULE I - EARNED INCOME

Name Michael Arcuri

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Oneida County District Attorney's office - prior to House employment	Salary	$115,552.32
Utica College - prior to House employment	Salary	$1,997.97

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Arcuri

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	1 Hopper Street	15,001-50,000	None	NONE	
	Co-Arc LLC (Route 12, Remsen, NY)	15,001-50,000	None	NONE	
	Co-Arc South Street LLC (South Street, Utica, NY)	15,001-50,000	RENT	2,051-5,000	
	Deferred Compensation, New York State plan	15,001-50,000	Interest	2,051-5000	
	United States Life Insurance Company in the City of New York (listed last year as an annuity)	0-5,000	None	NONE	

SCHEDULE V - LIABILITIES

Name Michael Arcuri

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Adirondack Bank	Unsecured loan	15,001-50,000

SCHEDULE VIII - POSITIONS

Name Michael Arcuri

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director/Treasurer	Co-Arc LLC
Director/Treasurer	Co-Arc South Street LLC
Partner	Co-Arc Management

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

(4) HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 11:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

JOE BACA
(Full Name)

1850 N. Magnolia
(Mailing Address)

202-225-6161
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X] No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe Baca	5-14-07

Name JOE BARA	Page 2 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Riverside Unified School District	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name JOE BACA | Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP (Examples)	Mega Corp. Stock	E	NONE	IV	P
DC (Examples)	Simon & Schuster	Indefinite	Royalties	X	
JT (Examples)	1st Bank of Paducah, KY accounts	F	RENT	VI	
	CZE/Verizon	C	DIVIDENDS	III	
	PERS Retirement System	A	Pension	N/A	
	STRS State Ret Teachers	C	Pension	N/A	
	Ameri Nat'l Ins. Co	C	PRT	N/A	

For additional assets and unearned income, use next page.

Name JOE BACA | Page 2 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	CEA's LEADER IN TECHNOLOGY PROGRAM (CONSUMER ELECTRONIC ASSN. (Non-Profit)	JAN 4, 2006	LAS VEGAS	Y	Y	Y	~~0~~

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
HOUSE RESOURCE CENTER
2007 JUN 13 PM 4:28 (8)
THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) HC

Michele Marie Bachmann
(Full Name)

1412 Cannon Building
Washington DC 20515
(Mailing Address)

202-225-2331
Daytime Telephone

Filer Status [X] Member of the U.S. House of Representatives — State MN District 6 — [ ] Officer or Employee — Employing Office — Termination Date

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e. aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Data regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michele Bachmann	June 13, 2007

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Minnesota State Senate	Salary	34 994
	Bachmann + Associates	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Michele M Bachmann

Page 2 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT) in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E, P
Examples	Mega Corp Stock	Indefinite			
	Simon & Schuster				
	1st Bank of Paducah KY accounts				
	Bachmann + Associates Psychotherapy	X	X		X
	Lake Elmo, MN				
	Bachmann Clinic Properties	X	X	X (net)	X (gross)
	Lake Elmo, MN				
	Bachmann Farm Family LP	X	Farm Income	X	
	Independence, WI				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michele M Bachmann

BLOCK A Asset and/or Income Source (SP, DC, JT)	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
IRA's																															
EuroPacific Growth Fund				X										X			X							X (reinvested)							E
Growth Fund of America			X											X			X							X (reinvested)							E
Capital World Growth + Income					X									X			X								X (reinvested)						E
Fundamental Investors				X										X			X							X (reinvested)							E
American Balanced Fund				X										X			X							X (reinvested)							E
Income Fund of America			X											X			X							X (reinvested)							E
John Hancock Manulife 401K	X	Exchanged into mutual funds noted																		above											E
MN State Retirement System																		Retirement													P
Income Share			X															Annuity -													
Growth Share			X															Income													
Common Stock Index			X															can't be													
Fixed Interest			X															determined													
International			X																												
MN State Deferred Comp Plan																															P
Fidelity Div Int'l Fund			X											X			X							X (reinvested)							
Vanguard Int'l Developed Mkt			X											X			X							X (reinvested)							
Vanguard Mid Cap Index			X											X			X							X (reinvested)							
Dodge + Cox Balanced				X										X			X							X (reinvested)							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michele M Baitmann

Page 4 of 7

BLOCK A Asset and/or Income Source	SP / DC / JT	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E
Non State Dot Fund (Lot'l)																															
Dodge + Cox Income				X											X			X				X (reinvested)									
SIF Fixed Interest				X											X			X				X (reinvested)									
TCF Bank Stillwater, MN				X													X				X										

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SCHEDULE IV — TRANSACTIONS

Name: Michele M Bachmann | Page 5 of 7

SP	DC	JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP			*Example* Mega Corporation Common Stock	X			10-12-06		X								
			Joh. Hancock [illegible]			X	5-21-06			X							
			Rolled to IRA														
			MN State Retirement System	X			Bi-monthly	X									
			MN State Deferred Compensation Plan	X			Bi-monthly	X									

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Name Michele M Bachmann | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP. DC JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	United Bank of Mondovi, WI	Mortgage on Lake Elmo, MN Prop						X				
	United Bank of Eau Claire, WI	Business Loan				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2001 — 33-227 (rev.)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 3:12
MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Spencer T. Bachus III
(Full Name)

2246 Rayburn House Office Building — 202-225-4921
(Mailing Address) — Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: Alabama, District: Sixth	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 15, 2007

Name	Spencer T. Bachus III	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
None			

This page may be copied if more space is required.

Name Spencer T. Bachus III | Page 1 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchased (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
SP / DC / JT	Examples: SP Mega Corp. Stock; DC Simon & Schuster; JT 1st Bank of Paducah, KY accounts	Indefinite; X	X; Royalties	X; X; X	P
	Congressional Fed. Cr. Un.	X	X	X	
	Fidelity Investments	X	X	X	
	2351 Rocky Ridge Rd. Birmingham, AL	X	X	X	
SP	CitiBank NA	X	X	X	
SP	Colonial Pptys. Trust	X	X; X	X	S
SP	CG Cap. Mkts. Govt. Money	X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T Bachus III

Page 2 of 2

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	CG Cap Mkts Core Fixed Inc.				X										X									X								P, S
SP	CG Cap Mkts Lg Cap Value					X									X		X									X						P, S
SP	CG Cap Mkts Sm Cap Value			X											X		X							X								P, S
SP	CG Cap Mkts Hi Yield	X													X							X										S
SP	CG Cap Mkts Emerg Mkts				X										X								X									P, S
SP	CG Cap Mkts Intl Fixed Inc.			X											X							X		X								P, S
SP	CG Cap Mkts Intl Equity					X									X									X								P, S
SP	SmBarney Diver Strat Inc.	X													X							X										S
SP	Smith Barney IRA						X								X		X	X									X				P, S
SP	Pacific Life Annunity							X									X				X										P
SP	CG Lge Cap Growth					X									X		X	X			X										P, S
SP	CG Sm Cap Growth			X											X		X	X			X										P, S
SP	Southwood Properties						X									X										X					
SP	AmSouth Bank			X													X					X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus III | Page 1 of 2

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock		X			10–12–06		X								
	Call Burlington Northern	Oct 6	X	X		08/29/06 09/13/06	X									
	Put Google Inc.	Aug 390	X	X		08/17/06 08/18/06	X									
	Put Google Inc.	Sep 410	X	X		09/13/06 09/15/06	X									
	Call Ebay Inc.	Aug 25	X	X		Varies 06 08/16/06	X									
	Put Exxon Mobile Corp.	Nov 75	X	X		11/16/06 11/16/06	X									
	Put Exxon Mobile Corp.	Dec 75	X	X		11/10/06 11/24/06	X									
	Put Research In Motion	Dec 130	X	X		11/16/06 12/11/06	X									
	Put Exxon Mobil Corp.	Oct 65	X	X		09/27/06 10/23/06	X									
	Put Exxon Mobil Corp.	Nov 70	X	X		11/01/06 11/20/06	X									
	Call Lo Jack Corp.	Jun 20	X	X		05/16/06 06/19/06	X									
	Call Lo Jack Corp	Jul 17½	X	X		07/13/06 07/24/06	X									
SP	CG Cap Mkts Core Fixed Income		X			02/09/06		X								
SP	CG Cap Mkts Lge Cap Value		X			02/09/06	X									
SP	CG Cap Mkts Sm Cap Value		X			06/25/06	X									
SP	CG Cap Mkts Intl Equity		X			02/09/06		X								
SP	CG Cap Mkts Intl Fixed Income		X			02/09/06	X									

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Name Spencer T. Bachus III | Page 2 of 2

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–06		X								
SP	CG Cap Mkts Sm Cap Growth	X			08/18/06	X									
SP	Smith Barney Sales Transactions	X	X			See Attached Schedule IV									

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BACHUS
Account Number

Details of Short Term Gain (Loss) 2006

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than $20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125005700	482.764	CG CAPITAL MARKETS HIGH YIELD INVESTMENTS	02/18/05	02/09/06	$ 2,264.17	$ 2,394.51	($ 130.34)	
125005800	323.688	CG CAPITAL MARKETS HIGH YIELD	02/18/05	02/09/06	1,518.10	1,605.49	(87.39)	
	27.856	INVESTMENTS	02/25/05		130.64	137.33	(6.69)	
	28.695		03/31/05		134.58	136.59	(2.01)	
	28.925		04/29/05		135.66	135.66		
	28.698		05/27/05		134.59	134.88	(.29)	

Spencer T. Bachus III
Supplemental Schedules IV

SUMMARY

Details of Short Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
	23.873		06/24/05		$ 111.96	$ 113.16	($ 1.20)	
	74.19		06/27/05		347.95	351.66	(3.71)	
	23.831		07/29/05		111.77	114.39	(2.62)	
	23.72		08/26/05		111.25	113.62	(2.37)	
	22.415		09/30/05		105.13	105.80	(.67)	
	22.873		10/28/05		107.27	106.36		.91
	22.996		11/25/05		107.85	106.93		.92
	3.384		12/30/05		15.88	15.87		.01
125005900	19.539	CG CAPITAL MARKETS HIGH YIELD	12/30/05	02/09/06	91.64	91.64		
	24.493	INVESTMENTS	01/31/06		114.87	114.87		
125007900	12.821	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06	02/27/06	100.00	100.00		
125008000	7.712	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS	02/09/06	03/21/06	60.00	60.15	(.15)	
125008100	5.943	CG CAPITAL MARKETS-	02/09/06	03/27/06	46.42	46.36		.06
	6.861	INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06		53.58	53.52		.06
125008200	12.953	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06	04/27/06	100.00	101.03	(1.03)	
125008300	12.887	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06	05/26/06	100.00	100.52	(.52)	
125008400	13.038	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06	06/27/06	100.00	101.70	(1.70)	
125008500	12.937	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06	07/27/06	100.00	100.91	(.91)	
125008600	12.821	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06	08/25/06	100.00	100.00		
125008700	12.837	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS	02/09/06	09/05/06	100.00	100.13	(.13)	
125008800	12.755	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06	09/27/06	100.00	99.49		.51

Details of Short Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125008900	12.821	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06	10/27/06	$ 100.00	$ 100.00		
125009000	12.739	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06	11/27/06	100.00	99.36		.64
125009100	10.243	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS	02/09/06	12/15/06	80.00	79.90		.10
125009200	12.853	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS SYSTEMATIC REDEMPTION	02/09/06	12/27/06	100.00	100.25	(.25)	
125014600	85.309	SMITH BARNEY DIVERSIFIED	01/28/05	01/03/06	584.37	595.46	(11.09)	
	27.228	STRATEGIC INCOME FUND CL B	02/25/05		186.51	190.05	(3.54)	
	28.022		03/24/05		191.95	190.83		1.12
	28.057		04/29/05		192.19	191.63		.56
	20.326		05/27/05		139.23	139.84	(.61)	
	17.291		06/24/05		118.44	119.83	(1.39)	
	17.362		07/29/05		118.93	120.32	(1.39)	
	14.462		08/26/05		99.06	100.22	(1.16)	
	10.413		09/30/05		71.33	71.85	(.52)	
	10.339		10/28/05		70.82	70.20		.62
	8.182		11/25/05		56.05	55.80		.25
	2.037		12/30/05		13.97	13.93		.04
Total					$ 8,726.16	$ 8,992.04	($ 261.68)	$ 5.80

Details of Long Term Gain (Loss) 2006

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than $20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000100	416	COLONIAL PPTYS TRUST SBI	04/26/00	05/03/06	$ 19,739.13	$ 10,251.65		$ 9,487.48
125000200	42.787	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	02/27/04	01/27/06	350.00	356.84	(6.84)	

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000300	1.471	CG CAPITAL MARKETS CORE FIXED INCOME FUND	02/27/04	02/01/06	$ 11.97	$ 12.27	($ .30)	
125000400	67.402	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	02/27/04	02/27/06	550.00	562.13	(12.13)	
125000500	40.691	CG CAPITAL MARKETS CORE FIXED INCOME FUND	02/27/04	03/21/06	330.00	339.36	(9.36)	
125000600	67.734	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	02/27/04	03/27/06	550.00	564.90	(14.90)	
125000700	68.684	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	02/27/04	04/27/06	550.00	572.68	(22.68)	
125000800	68.684	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	02/27/04	05/26/06	550.00	572.66	(22.66)	
125000900	69.444	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	02/27/04	06/27/06	550.00	579.16	(29.16)	
125001000	68.75	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	02/27/04	07/27/06	550.00	573.38	(23.38)	
125001100	67.901	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	02/27/04	08/25/06	550.00	566.30	(16.30)	
125001200	16.963 2.865 48.157	CG CAPITAL MARKETS CORE FIXED INCOME FUND	02/27/04 03/26/04 04/23/04	09/05/06	137.23 23.18 389.59	141.47 23.98 394.41	(4.24) (.80) (4.82)	
125001300	67.402	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	04/23/04	09/27/06	550.00	552.02	(2.02)	
125001400	67.568	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	04/23/04	10/27/06	550.00	553.38	(3.38)	
125001500	67.155	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	04/23/04	11/27/06	550.00	550.00		

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125001600	48.98	CG CAPITAL MARKETS CORE FIXED INCOME FUND	04/23/04	12/15/06	$ 400.00	$ 400.98	($ .98)	
125001700	67.402	CG CAPITAL MARKETS CORE FIXED INCOME FUND SYSTEMATIC REDEMPTION	04/23/04	12/27/06	550.00	552.02	(2.02)	
125001800	81.967	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	01/27/06	950.00	843.44		106.56
125001900	2.806	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS	02/27/04	02/01/06	32.49	28.87		3.62
125002000	102.302	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	02/27/06	1,200.00	1,052.69		147.31
125002100	61.121	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS	02/27/04	03/21/06	720.00	628.94		91.06
125002200	101.351	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	03/27/06	1,200.00	1,042.90		157.10
125002300	99.338	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	04/27/06	1,200.00	1,022.19		177.81
125002400	100.925	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	05/26/06	1,200.00	1,038.52		161.48
125002500	104.348	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	06/27/06	1,200.00	1,073.74		126.26
125002600	100.84	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	07/27/06	1,200.00	1,037.64		162.36
125002700	678.333	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS	02/27/04	08/18/06	8,282.44	6,980.05		1,302.39
125002800	318.55	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS	02/27/04	08/18/06	3,889.49	3,277.88		611.61
125002900	28.089	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS	02/27/04	08/18/06	342.97	289.04		53.93

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125003000	90.386	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	08/25/06	$ 1,100.00	$ 930.07		$ 169.93
125003100	89.141	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS	02/27/04	09/05/06	1,100.00	917.26		182.74
125003200	87.93	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	09/27/06	1,100.00	904.80		195.20
125003300	85.073	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	10/27/06	1,100.00	875.40		224.60
125003400	84.485	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	11/27/06	1,100.00	869.35		230.65
125003500	73.424	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS	02/27/04	12/15/06	920.00	755.53		164.47
125003600	87.649	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	12/27/06	1,100.00	901.91		198.09
125003700	11.633 2.891	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04 12/17/04	01/27/06	160.19 39.81	175.89 44.92	(15.70) (5.11)	
125003800	.493	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS	12/17/04	02/01/06	6.84	7.66	(.82)	
125003900	3.53 86.44 576.971	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS	12/17/04 12/17/04 02/01/05	02/09/06	47.58 1,165.21 7,777.57	54.86 1,343.27 8,908.43	(7.28) (178.06) (1,130.86)	
125004000	5.931 1.284	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05 02/18/05	02/27/06	82.20 17.80	91.57 20.25	(9.37) (2.45)	
125004100	4.345	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS	02/18/05	03/21/06	60.00	68.52	(8.52)	
125004200	7.097	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/18/05	03/27/06	100.00	111.92	(11.92)	

2006 YEAR END SUMMARY

citigroup
SMITH BARNEY

Ref:

Select Client
FMA PLUS Statement
2006 Year End Summary

BACHUS
Account Number

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125004300	6.964	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/18/05	04/27/06	$ 100.00	$ 109.82	($ 9.82)	
125004400	7.138	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/18/05	05/26/06	100.00	112.57	(12.57)	
125004500	7.407	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/18/05	06/27/06	100.00	116.81	(16.81)	
125004600	7.398	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/18/05	07/27/06	100.00	116.63	(16.63)	
125004700	5.624	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS	02/18/05	08/18/06	78.90	88.69	(9.79)	
125004800	7.205	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/18/05	08/25/06	100.00	113.62	(13.62)	
125004900	6.988	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS	02/18/05	09/05/06	100.00	110.20	(10.20)	
125005000	6.959	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/18/05	09/27/06	100.00	109.74	(9.74)	
125005100	6.77	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/18/05	10/27/06	100.00	106.76	(6.76)	
125005200	6.739	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/18/05	11/27/06	100.00	106.27	(6.27)	
125005300	8.13	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS	02/18/05	12/15/06	80.00	96.67	(16.67)	
125005400	7.639	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS SYSTEMATIC REDEMPTION	02/18/05	12/27/06	100.00	120.47	(20.47)	
125005500	52.968	CG CAPITAL MARKETS HIGH YIELD INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	01/27/06	250.00	256.88	(6.88)	

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125005800	1.819	CG CAPITAL MARKETS HIGH YIELD INVESTMENTS	02/27/04	02/01/06	$ 8.55	$ 8.82	($ .27)	
125005700	1,441.046	CG CAPITAL MARKETS HIGH YIELD INVESTMENTS	02/27/04	02/09/06	6,758.51	6,989.07	(230.56)	
	11.054		03/26/04		51.84	53.61	(1.77)	
	11.187		04/30/04		52.47	53.81	(1.34)	
	11.417		05/28/04		53.55	53.66	(.11)	
	13.92		06/25/04		65.28	65.84	(.56)	
	13.807		07/30/04		64.75	65.72	(.97)	
	13.638		08/27/04		63.96	65.60	(1.64)	
	11.368		09/24/04		53.32	55.25	(1.93)	
	11.199		10/29/04		52.52	55.10	(2.58)	
	11.099		11/26/04		52.05	54.94	(2.89)	
	17.817		12/17/04		83.56	87.66	(4.10)	
	12.816		01/28/05		60.11	62.67	(2.56)	
	1,530.612		02/01/05		7,178.57	7,500.00	(321.43)	
125006000	21.946	CG CAPITAL MARKETS-EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	01/27/06	300.00	181.49		118.51
125006100	.747	CG CAPITAL MARKETS-EMERGING MARKETS INVESTMENTS	02/27/04	02/01/06	10.26	6.18		4.08
125006200	350.595	CG CAPITAL MARKETS-EMERGING MARKETS INVESTMENTS	02/27/04	02/09/06	4,669.93	2,899.42		1,770.51
125006300	18.328	CG CAPITAL MARKETS-EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	02/27/06	250.00	151.57		98.43
125006400	11.244	CG CAPITAL MARKETS-EMERGING MARKETS INVESTMENTS	02/27/04	03/21/06	150.00	92.99		57.01
125006500	18.685	CG CAPITAL MARKETS-EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	03/27/06	250.00	154.53		95.47
125006600	17.077	CG CAPITAL MARKETS-EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	04/27/06	250.00	141.23		108.77
125006700	18.546	CG CAPITAL MARKETS-EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	05/26/06	250.00	153.38		96.62

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125006800	20.276	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	06/27/06	$ 250.00	$ 167.68		$ 82.32
125006900	18.839	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	07/27/06	250.00	155.80		94.20
125007000	32.477	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS	02/27/04	08/18/06	444.61	268.58		176.03
125007100	8.67	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS	02/27/04	08/18/06	91.31	55.16		36.15
125007200	18.574	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	08/25/06	250.00	153.61		96.39
125007300	17.999	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS	02/27/04	09/05/06	250.00	148.85		101.15
125007400	18.382	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	09/27/06	250.00	152.02		97.98
125007500	17.581	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	10/27/06	250.00	145.39		104.61
125007600	16.745	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	11/27/06	250.00	138.48		111.52
125007700	12.928	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS	02/27/04	12/15/06	200.00	106.91		93.09
125007800	15.924	CG CAPITAL MARKETS- EMERGING MARKETS INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	12/27/06	250.00	131.69		118.31
125008300	129.555	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS	02/27/04	01/03/06	1,600.00	1,221.70		378.30
125009400	62.16	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	01/27/06	1,050.00	774.77		275.23
125009500	2.934	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS	02/27/04	02/01/06	37.62	27.67		9.95

2006 YEAR END SUMMARY

82

Details of Long Term Gain (Loss) 2006 - continued

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125009600	97.276	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	02/27/06	$ 1,250.00	$ 917.31		$ 332.69
125009700	59.679	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS	02/27/04	03/21/06	780.00	562.77		217.23
125009800	95.493	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	03/27/06	1,250.00	900.50		349.50
125009900	90.449	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	04/27/06	1,250.00	852.93		397.07
125010000	93.773	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	05/26/06	1,250.00	884.28		365.72
125010100	100.482	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	06/27/06	1,250.00	947.55		302.45
125010200	95.785	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	07/27/06	1,250.00	903.25		346.75
125010300	351.31	CG CAPITAL MARKETS-	02/27/04	08/18/06	4,749.71	3,312.85		1,436.86
	.53	INTERNAT'L EQUITY INVESTMENTS	04/23/04		7.17	4.98		2.19
	17.012		04/23/04		230.00	159.74		70.26
	17.982		12/17/04		243.12	182.16		60.96
	25.828		01/21/05		349.19	262.93		86.26
	262.181		01/21/05		3,544.59	2,669.00		875.59
	347.637		01/21/05		4,700.05	3,538.94		1,161.11
	908.332		01/21/05		12,280.65	9,248.82		3,033.83
125010400	57.339	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS	01/21/05	08/18/06	775.22	583.71		191.51
125010500	2.834	CG CAPITAL MARKETS-	01/21/05	08/25/06	37.86	28.85		9.01
	72.016	INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05		962.14	744.65		217.49
125010600	72.939	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS	02/01/05	09/05/06	1,000.00	754.19		245.81
125010700	73.314	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	09/27/06	1,000.00	758.07		241.93

2006 YEAR END SUMMARY

2006 YEAR END SUMMARY

citigroup
SMITH BARNEY

Ref:

Select Client
FMA PLUS Statement
2006 Year End Summary

BACHUS
Account Number

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125010800	71.276	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	10/27/06	$ 1,000.00	$ 736.99		$ 263.01
125010900	70.671	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	11/27/06	1,000.00	730.74		269.26
125011000	55.21	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS	02/01/05	12/15/06	800.00	570.87		229.13
125011100	68.493	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	12/27/06	1,000.00	708.22		291.78
125011200	113.803	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	01/27/06	1,550.00	1,301.91		248.09
125011300	3.778	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	02/27/04	02/01/06	51.30	43.22		8.08
125011400	649.256	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	02/27/04	02/09/06	8,557.20	7,427.49		1,129.71
125011500	467.514	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	02/27/04	02/09/06	6,161.83	5,348.36		813.47
125011600	95.378	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	02/27/06	1,300.00	1,091.12		208.88
125011700	57.949	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	02/27/04	03/21/06	780.00	662.94		117.06
125011800	95.941	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	03/27/06	1,300.00	1,097.56		202.44
125011900	95.448	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	04/27/06	1,300.00	1,091.93		208.07
125012000	98.634	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	05/26/06	1,300.00	1,128.37		171.63
125012100	102.443	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	06/27/06	1,300.00	1,171.95		128.05

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125012200	104.586	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	07/27/06	$ 1,300.00	$ 1,196.46		$ 103.54
125012300	129.819	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	08/25/06	1,650.00	1,485.13		164.87
125012400	126.923	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	02/27/04	09/05/06	1,650.00	1,452.00		198.00
125012500	125.762	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	09/27/06	1,650.00	1,438.72		211.28
125012600	121.681	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	10/27/06	1,650.00	1,392.03		257.97
125012700	120.087	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/27/04	11/27/06	1,650.00	1,373.79		276.21
125012800	18.324 74.831	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	02/27/04 04/23/04	12/15/06	259.65 1,060.35	209.63 873.28		50.02 187.07
125012900	117.271	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	04/23/04	12/27/06	1,650.00	1,368.55		281.45
125013000	17.773	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	01/21/05	01/27/06	300.00	234.60		65.40
125013100	.602	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS	01/21/05	02/01/06	10.26	7.95		2.31
125013200	520.851 135.679	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS	01/21/05 02/01/05	02/09/06	8,719.04 2,271.27	6,875.24 1,839.81		1,843.80 431.46
125013300	274.428	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS	02/01/05	02/09/06	4,593.93	3,721.24		872.69
125013400	8.741	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	02/27/06	150.00	118.53		31.47
125013500	5.376	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS	02/01/05	03/21/06	90.00	72.90		17.10

2006 YEAR END SUMMARY

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125013600	8.767	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	03/27/06	$ 150.00	$ 118.88		$ 31.12
125013700	8.499	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	04/27/06	150.00	115.25		34.75
125013800	9.047	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	05/26/06	150.00	122.68		27.32
125013900	8.677	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	06/27/06	150.00	131.22		18.78
125014000	9.967	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	07/27/06	150.00	135.15		14.85
125014100	9.734	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	08/25/06	150.00	131.99		18.01
125014200	9.404	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS	02/01/05	08/05/06	150.00	127.52		22.48
125014300	9.434	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	09/27/06	150.00	127.93		22.07
125014400	9.074	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	10/27/06	150.00	123.04		26.96
125014500	9.053	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	11/27/06	150.00	122.76		27.24
125014600	7.026	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS	02/01/05	12/15/06	120.00	95.27		24.73
125014700	8.834	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS SYSTEMATIC REDEMPTION	02/01/05	12/27/06	150.00	119.79		30.21

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SMITH BARNEY

Ref:

Select Client
FMA PLUS Statement
2006 Year End Summary

T BACHUS
Account Number

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125014800	71.613	SMITH BARNEY DIVERSIFIED	10/29/04	01/03/06	$ 490.55	$ 495.56	($ 5.01)	
	75.422	STRATEGIC INCOME FUND CL B	11/28/04		518.64	524.18	(7.54)	
	74.621		12/17/04		511.15	520.11	(8.96)	
Total					**$ 190,890.33**	**$ 188,581.40**	**($ 2,296.49)**	**$ 37,605.42**

2006

Name	Spencer T. Bachus III	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Compass Bank, Birmingham, Al,	Mortgage 2351 Rocky Ridge Rd Birmingham, Al.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
	NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
John E. Fetzer Institute	Jan 20-22	Los Angeles - Birmingham	Y	Y	Y	None
The Heritage Foundation	Jan 29-31	DC-Baltimore-DC	Y	Y	Y	None
Burlington Northern Santa Fe	Feb 22-24	Birmingham-St. Louis-Springfield-Birmingham	Y	Y	N	None
Alabama Power Company	Dec 19	Birmingham-Marietta, GA-Birmingham	N	Y	N	None

This page may be copied if more space is required.

Name	Spencer T. Bachus III	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A — For use by Members, officers, and employees

(8)

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 PM 2:58

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Brian Norton Baird
(Full Name)

508 Seward Square Washington, DC 2003
(Mailing Address)

202-543-1864
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: WA, District: 3	☐ Officer Or Employee — Employing Office:	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/07

SCHEDULE I - EARNED INCOME

Name Brian Norton Baird

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Population Reference Bureau	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. ~~Exclude: Your personal residence(s) (unless there is rental income);~~ any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Congressional Credit Union Checking Account	$1,001 - $15,000	None	NONE	
Congressional Credit Union Savings Account	$1 - $1,000	None	NONE	
Congressional Credit Union Money Market	$1 - $1,000	Dividends	$1 - $200	
Hartford HAFCX	None	Dividends	$1 - $200	
TIAA - CRF	$100,001 - $250,000	Dividends	$2,501 - $5,000	
Davis NRVCX	None	Dividends	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

	AIMFDS - Group FD, CL, L	$1,001 - $15,000	Dividends	$1 - $200	
	Wachovia Securities Money market CLA	$1,001 - $15,000	Interest	$1 - $200	
	Practice Hall Royalties	Indefinate	Royalties	$15,001 - $50,000	
JT	508 Seward Square, SE Washington DC 20003 (Value of Entire Property)	$500,001 - $1,000,000	RENT	$15,001 - $50,000	
SP	82 Salmon Beach Tacoma Washington	$500,001 - $1,000,000	RENT	$15,001 - $50,000	
SP	TIAA-CREF	$100,001 - $250,000	Dividends	$15,001 - $50,000	
SP	Bank of America	$1,001 - $15,000	NONE	NONE	
SP	UBS Self Directed IRA	$250,001 - $500,000	Dividends	$5,001 - $15,000	
SP	Allied Capitol Corp NEW (IRA)	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	Autozone INC (IRA)	$15,001 - $50,000	Dividends	$1 - $200	
SP	Donaldson Company INC (IRA)	$15,001 - $50,000	Dividends	$1 - $200	
SP	First INDL Realty Trust INC (IRA)	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	INTEL CORP (IRA)	$15,001 - $50,000	Dividends	$1 - $200	
SP	NVR INC (IRA)	$15,001 - $50,000	Dividends	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

SP	POLARIS INDUSTRIES (IRA)	$15,001 - $50,000	Dividends	$1 - $200	
SP	SEI INVESTMENTS (IRA)	$15,001 - $50,000	Dividends	$1 - $200	
SP	STAPLES (IRA)	$1,001 - $15,000	Dividends	NONE	
SP	STARBUCKS CORP (IRA)	$15,001 - $50,000	Dividends	$1 - $200	
SP	UNIVERSAL FOREST PRODUCT INC (UBS Investment Account)	$15,001 - $50,000	Dividends	$1 - $200	
SP	WINNEBAGO INUSTRIES INC (IRA)	$1,001 - $15,000	Dividends	NONE	
SP	UBS Investment	$100,001 - $250,000	Dividends	$2,501 - $5,000	
SP	Autozone (UBS Investment Account)	$1,001 - $15,000	Dividends	NONE	
SP	UBS BANK USA MONEY FUND	None	Interest	$1 - $200	
SP	Donaldson Co INC (UBS INVESTMENT)	$1,001 - $15,000	Dividends	$1 - $200	
SP	Microsoft (UBS INVESTMENT)	$15,001 - $50,000	Dividends	$1 - $200	
SP	NVR (UBS INVESTMENT)	$1,001 - $15,000	Dividends	NONE	
SP	Polaris (Investment)	$1 - $1,000	Dividends	NONE	
SP	SEI Investments (UBS INVESTMENT)	$1,001 - $15,000	Dividends	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

SP	Staples (UBS INVESTMENT)	$15,001 - $50,000	Dividends	NONE	
SP	Universal Forest Products (UBS INVESTMENT)	$1,001 - $15,000	Dividends	$1 - $200	
SP	CharterMac (UBS INVESTMENT)	$15,001 - $50,000	Dividends	NONE	
SP	Municipal LLC Growth (UBS INVESTMENT)	$15,001 - $50,000	Dividends	NONE	
SP	UBS Global Account	$1,001 - $15,000	Dividends	$1 - $200	
P	Guaranteed Education Tuition Account #1	$15,001 - $50,000	None	NONE	
P	Guaranteed Education Tuition Account #2	$15,001 - $50,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Brian Norton Baird

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Davis NRVCX	SALE	13-13-06	$1,001 - $15,000
	AIM FDS Group	SALE	13-13-06	$1,001 - $15,000
	Harfield HAFCX	SALE	13-13-06	$1,001 - $15,000
P	Guaranteed Education Tuition Account #1	Purch	3-27-06, 3-31-06, 4-20-06, 4-22-06, 12-21-06	$15,001 - $50,000
P	Guaranteed Education Tuition Account #2	Purch	3-27-06, 3-31-06, 4-20-06, 4-22-06, 12-21-06	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Brian Norton Baird

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Homecomings Financial	Mortgage 508 Seward Sq. Washington DC 2003	$500,001 - $1,000,000
JT	CFCU Home Equity	Home Equity Loan	$100,001 - $250,000

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY -9 PM 12: 30

(Office Use Only)

Richard Hugh Baker
(Full Name)

341 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-3901

Filer Status: [X] Member of the U.S. House of Representatives — State Louisiana District 06th; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	RHBaker	5/9/7

Name	Page
Richard Hugh Baker	2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
K's Louisiana Market	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Richard Hugh Baker

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Asset and/or Income Source	Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
SP	Events Coordinator-BR,LA K's Louisiana Market					X									X											X						
	Scenic Investments				X									X							X											

For additional assets and unearned income, use next page.

Name Richard Hugh Baker | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Hancock Bank, Baton Rouge, Louisiana	Commerical Loan	X									
	MENA	Business Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

Name	Page 5 of 5
Richard H. Baker	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Scenic Investments (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33 427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED (9)
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 3:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

Tammy Suzanne Green Baldwin
(Full Name)
10 E Doty Street, Suite 405
(Mailing Address)
Madison, WI 53703
Daytime Telephone 202 225-2906

Filer Status: [X] Member of the U.S. House of Representatives — State: Wisconsin District: 2 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[X]	[ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tammy Baldwin	May 14, 2007

Name Tammy Baldwin | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
None			

For payments to charity in lieu of honoraria, use Schedule II.

Name Tammy Baldwin | Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Tammy Baldwin

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

Block A	Block B	Block C	Block D	Block E
SP / DC / JT	A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP Mega Corp Stock	X	X	X	P
DC Examples: Simon & Schuster	Indefinite	Royalties	X	
JT 1st Bank of Paducah KY accounts	X	X	X	
D. Green Irrevocable Trust for Tammy Baldwin:	X		X	
1) First American Real Estate Securities Fund	X	X		
2) First American Equity Income Fund	X	X		
3) First American Equity Index Fund	X	X		
4) First American Mid Cap Growth Opp Fund	X	X		
5) First American Short Term Bond Fund	X	X		

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tammy Baldwin

Page 5 of 9

BLOCK A Asset and/or Income Source (SP. DC. JT)	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
6) Great American Intermediate Term Bond Fund				X										X																	
7) Great American Prime Fund			X													X															P
WI Retirement System				X									X							N/A											
Qualified Blind Trust							X											X							X						
Summit Savings			X													X					X										
Summit Checking			X													X					X										
JT Vanguard Money Market Acct				X										X									X								
JT WR Hambrecht c/o Planet Chris	X													X						X											S
JT Home Savings Checking Acct.			X													X					X										
JT Rental Property: 104 Lincoln St Madison, WI								X							X									X							

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SCHEDULE IV — TRANSACTIONS

Name Tammy Baldwin | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
	D. Green Irrev. Trust for Tammy Baldwin First American Prime Oblig Fund	X			12/22/06	X									
	WR Hambrecht + Co. Planet Dot Stock		X		12/28/06	X									

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Name Tammy Baldwin | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP. DC. JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	GMAC Mortgage Corporation of Appleton, WI	1st Mortgage on 809 Spaight St Madison, WI Rental Property				X						
JT	GMAC Mortgage Corporation of Appleton, WI	2nd Mortgage on 809 Spaight St Madison, WI Rental Property			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	American Israel Education Foundation	Jan. 4-15	Madison, WI - Amman, Jordan - Tel Aviv, Israel - Madison, WI	Y	Y	Y, Partner Lance	Jan 4-8, 5 days (time in Jordan)

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2007 33 427 (mac)

Use additional sheets if more space is required

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LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 11:56
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U.S. HOUSE OF REPRESENTATIVES
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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

JAMES GRESHAM BARRETT
(Full Name)

439 CANNON HOUSE OFFICE BUILDING WASHINGTON, DC 20515
(Mailing Address)

1-202-225-5301
Daytime Telephone

Filer Status: ✓ Member of the U.S. House of Representatives — State: SC District: 03 — Officer Or Employee — Employing Office:

Report Type: ✓ Annual (May 15) — Amendment — Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ✓ No
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes No ✓
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ✓ No
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ✓ No
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes No ✓
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes No ✓
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ✓ No
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes No ✓
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes No ✓
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes No ✓

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	May, 15, 2007

HEDULE I - EARNED INCOME

Name JAMES GRESHAM BARRETT

the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more ng the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding 00.

Source	Type	Amount
:hool District of Oconee County, SC	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JAMES GRESHAM BARRETT

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Building / 15.12 Acres, Westminster, SC	$15,001 - $50,000	None	NONE	
SP	Building, Main St, Westminster, SC	$15,001 - $50,000	Rent	$5,001 - $15,000	
	Building, Rufus Land Rd, Westminster, SC	$50,001 - $100,000	Rent	$2,501 - $5,000	
JT	Condo, 4514 36th St., A-2, Arlington, VA Unit 1397	$250,001 - $500,000	RENT	$5,001 - $15,000	
	House/Lot 105 West Oak Hwy, Westminster, SC	$15,001 - $50,000	RENT	$2,501 - $5,000	Inherited
	House/Lot 106 Frank St, Westminster, SC	$50,001 - $100,000	RENT	$201 - $1,000	Inherited

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JAMES GRESHAM BARRETT

SP	House/Lot 191 S Retreat St, Westminster, SC	$100,001 - $250,000	RENT	$1,001 - $2,500	
SP	House/Lot 241 S Retreat St, Westminster, SC	$1,001 - $15,000	RENT	$2,501 - $5,000	
DC	House/Lot, Westminster, SC	$15,001 - $50,000	None	NONE	
	Joint Rental Family Property, Westminster,Land & Building, Grant Rd. Oakway, SC Land/house Miller Farm Rd, Westminster	$50,001 - $100,000	RENT	$201 - $1,000	Inherited
	Land, Westminster, SC Map # 298-00-01-018	$1,001 - $15,000	None	NONE	
JT	Oppenheimer Equity Funds	$1,001 - $15,000	Dividends	$1 - $200	
	Real Estate,, 102 Mountain View St, Westminster, SC	O	CAPITAL GAIN	$50,001 - $100,000	Inherited / Sold
	Rental House, West Oak Hwy, Westminster, SC	$50,001 - $100,000	RENT	$2,501 - $5,000	
	SC Retirement System	$15,001 - $50,000	Pension	NONE	
	Trailer Space, Westminster, SC	$1 - $1,000	RENT	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name JAMES GRESHAM BARRETT

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Real Estate, 102 Mountain View St. Westminster, SC	S	06/08/2006	$50,001 - $100,000
	Timber, Inherited Property	S	2006	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name JAMES GRESHAM BARRETT

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
HERITAGE FOUNDATION	JAN. 30-31, 2006	WASHINGTON, DC - BALTIMORE, MD.	Y	Y	N	0

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A

For use by Members, officers, and employees

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MC

John Barrow
(Full Name)

706 East 49th Street Savannah, GA 31405-2455
(Mailing Address)

202-225-2823
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: GA District: 12 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

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If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This *Financial Disclosure Statement* is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Barrow	May 15, 2007

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Barrow

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
158 Acres, Oglethorpe County, Georgia	$1,000,001 - $5,000,000	RENT	$1 - $200	
205 C Street SE, Washington, DC	$500,001 - $1,000,000	Residence	NONE	
255 Milledge Heights, athens, Ga	$500,001 - $1,000,000	Residence	NONE	
279 Meigs Street, Athens GA - 30%	$500,001 - $1,000,000	RENT	NONE	
706 East 49th St, Savannah, Ga	$250,001 - $500,000	Personal Residence	NONE	P
Bank of America, Checking account	$1 - $1,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Barrow

First American Bank, Checking Account	$1,001 - $15,000	INTEREST	$1 - $200
TSP international stock Index	$100,001 - $250,000	DIVIDENDS	NONE
Winburn Lewis Barrow & Stolz PC -30%	$100,001 - $250,000	DIVIDENDS	NONE

SCHEDULE IV - TRANSACTIONS

Name John Barrow

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	706 East 49th St, Savannah, Ga	P	1/20/2006	$250,001 - $500,000
	TSP international stock Index	P	Monthly Contributions	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name John Barrow

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary and Owner	Winburn Lewis Barrow and Stolz, PC
Trustee	Pope Barrow Cemetary Trust

5

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Roscoe Gardner Bartlett
(Full Name)

4317 Buckeystown Pike Frederick, MD 21704
(Mailing Address)

301-662-6284
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: MD — District: 06 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

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II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

Signature of Reporting Individual

Date (Month, Day, Year) 5-10-07

SCHEDULE I - EARNED INCOME

Name Roscoe Gardner Bartlett

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
MD State Retirement System	Pension	$15,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Roscoe Gardner Bartlett

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	153 acres and 2 houses 2 Spruce Knob Lake Forest Service Rd Pocahontas County, WV	$100,001 - $250,000	None	NONE	
JT	Frederick County Bank	$250,001 - $500,000	INTEREST	$5,001 - $15,000	
JT	Home 256 Knoxville Rd Knoxville, MD	$100,001 - $250,000	None	NONE	P
JT	House 230 Knoxville Rd Knoxville, MD	None	CAPITAL GAINS	$50,001 - $100,000	S
JT	House 4317 Buckeystown Pike Frederick, MD 21704	$1,000,001 - $5,000,000	RENT	$50,001 - $100,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Roscoe Gardner Bartlett

JT	House 1A 4219 Lime Kiln Rd Frederick, MD	$100,001 - $250,000	None	NONE
JT	Precious Metals	$100,001 - $250,000	None	NONE
JT	Putnam Bonds	$1,001 - $15,000	None	NONE

SCHEDULE IV - TRANSACTIONS

Name Roscoe Gardner Bartlett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Home 256 Knoxville Rd Knoxville, MD	P	9-30-06	$100,001 - $250,000
JT	House 230 Knoxville Rd Knoxville, MD	S	3-10-06	$250,001 - $500,000

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 2:33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HC HAND DELIVERED (5)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Joe Linus Barton
(Full Name)

2109 RHOB Washington, DC 20515
(Mailing Address)

202.225.2002
Daytime Telephone:

Filer Status ✓ Member of the U.S. House of Representatives — State: TX District: 06 — Officer Or Employee — Employing Office:

Report Type ✓ Annual (May 15) — Amendment — Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ✓ No
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes No ✓
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ✓ No
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ✓ No
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ✓ No
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes No ✓
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes No ✓
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes No ✓
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes No ✓
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes No ✓

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe Barton	5-15-07

SCHEDULE I - EARNED INCOME

Name Joe Linus Barton

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
The Congressman Joe Barton Committee	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joe Linus Barton

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Cripple Creek #99	None	RENT	$2,501 - $5,000	S
Ennis Business Forms	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
Reliant Energy	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SBC Corporation	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
TXU Corporation	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Wal Mart	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Joe Linus Barton

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Cripple Creek #99	S	08-31-06	$50,001 - $100,000

SCHEDULE V - LIABILITIES

Name Joe Linus Barton

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	GNB Bank, Ennis, TX	Personal Loan	Less than $10,000

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

(9) HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Melissa L. Bean
(Full Name)

203 Frances Lane, Barrington, IL 60010
(Mailing Address)

Daytime Telephone: 202/225-3711

Filer Status	[✓] Member of the U.S. House of Representatives	State / District	[ ] Officer or Employee	Employing Office
Report Type	[✓] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ] No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [✓]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [✓] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [✓]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [✓]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Melissa L. Bean	6-11-07

Name	Melissa Bean	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Search Resources	Spouse Salary	$90,000

For payments to charity in lieu of honoraria, use Schedule II.

Name Melissa Beall | Page 3 of 10

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500

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Name Melissa Bean

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an *active* business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, *please specify the method used.*
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in *reporting year.*

BLOCK A		BLOCK B		BLOCK C		BLOCK D		BLOCK E
SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X									P
DC, *Examples*	Simon & Schuster			Indefinite																Royalties										X			
JT	1st Bank of Paducah KY accounts						X									X										X							
	ABN AMRO			X											X								X										
	Bank of America			X											X								X										
	Cisco			X																	X												P
	Flagstar Bancorp			X											X							X											
	General Electric			X											X							X											
	Idearc Inc	X																			X												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Melissa Bean

Page 5 of 10

BLOCK A Asset and/or Income Source (SP, DC, JT)	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
JP Morgan Chase			X											X							X										
Kohls			X																	X											
Microsoft			X											X							X										P
New York Comm. Bancorp			X											X								X									
Nokia			X											X							X										
Verizon			X											X							X										
Walgreens			X											X							X										
Income fund America			X													X						X									
SP Evergreen Money Mkt			X													X						X									
" Cisco			X																	X											
" Ocearc	X																			X											
" Kohls			X																	X											
" Merck			X											X							X										
" Microsoft			X											X							X										P
" Morgan Stanley			X											X							X										
" New York Community Bancorp			X											X								X									
" Nokia			X											X							X										
" Verizon			X											X							X										
Walgreens			X											X							X										

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SCHEDULE IV — TRANSACTIONS

Name Melissa Beal

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP *Example:*	Mega Corporation Common Stock	X			10–12–06		X								
	Microsoft	X			11-21-06	X									
	Cisco	X			11-21-06	X									
SP	Microsoft	X			11-21-06	X									
SP	Cisco	X			11-21-06	X									

This page may be copied if more space is required.

Name Melissa Boon | Page 7 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Wells Fargo	Home Equity				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives; gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

Name Melissa Bean | Page 8 of 10

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Ø						

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Name Melissa Bean | Page 9 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Sales Resources Inc

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

(74)

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 PM 12: 57

MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

Shelley Berkley
(Full Name)

9709 Camden Hills Ave
(Mailing Address)

Las Vegas, NV 89145

Daytime Telephone 202 225-5365

Filer Status: [X] Member of the U.S. House of Representatives — State NV District 01 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Shelley Berkley	May 14, 2007

Name	Page 2 of 14
Shelley Berkley	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Nephrology and Endocrine Associates/Kidney Specialists of Southern N	**Spouse Salary**	**NA**
	Amgen	**Spouse Consulting**	**NA**
	Kindred Healthcare	**Spouse Consulting**	**NA**
	Touro University	Spouse Medical Lecture	NA
	Princeton Institute for CME	Spouse Consulting	NA
	Leerink Swann & Co. Inc	Spouse Consulting	NA
	Quintiles Inc	Spouse Consulting	NA
	Berkley for Congress	Spouse Consulting	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Shelley Berkley Page 3 of 14

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	C $1,001 – $15,000	E $15,001 – $50,000	G $50,001 – $100,000	H $100,001 – $250,000	I $250,001 – $500,000	K $1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Block C: DIVIDENDS	INTEREST	EXCEPTED TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	III $201 – $1,000	V $1,001 – $2,500	VII $2,501 – $5,000	IX $5,001 – $15,000	XI $15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X													P
	Simon & Schuster		Indefinite											Royalties							X			
	1st Bank of Paducah, KY accounts											X												
SP	Bank of Nevada NV					X						X				X								
SP	Pentagon Fed Credit Union											X												
	Pentagon Fed Credit Union											X												
	Congressional Fed Credit Union		X									X												
	Nevada State Bank		X												X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 4 of 24

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	C $1,001 – $15,000	E $50,001 – $100,000	G $250,001 – $500,000	I $1,000,001 – $5,000,000	K $25,000,001 – $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	III $201 – $1,000	V $2,501 – $5,000	VII $15,001 – $50,000	IX $100,001 – $1,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Morgan Stanely Dean Witt																	
	IRA account- for year end																	
	value, income and detail																	
	transactions see attachment																	
SP	NCA- Nephrology																	
	Management Company											X						P
SP	Quail Park V										Partnership							
	office complex																	
	Rancho and Alta																	
	Las Vegas NV																	
	500 S. Rancho LV NV																	
SP	The Gin Mill			X						Partnership				X				
	Tavern																	
	2561 Windmill																	
	Henderson NV 89014																	
SP	Metalast International									Partnership		X						
	anodizing aluminum																	
	2241 Park Place Minden NV																	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 5 of 24

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	C $1,001 - $15,000	E $50,001 - $100,000	G $250,001 - $500,000	I $1,000,001 - $5,000,000	K $25,000,001 - $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	III $201 - $1,000	V $2,501 - $5,000	VII $15,001 - $50,000	IX $100,001 - $1,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	RRT, LLC					X					rtnership					X		E
	provides dialysis services																	
	at 4 dialysis unit in the																	
	Las Vegas, NV area																	
SP	Kidney Specialists of										salary							
	Southern Nevada- medical																	
	practice Las Vegas, NV																	
SP	Salomon Smith Barney																	
	for year end value, income																	
	and detailed transactions																	
	see attachment																	
SP	Charles Schwab Trust One																	
	Account for year end value																	
	income and detailed																	
	transactions see attachment																	
SP	*Charles Schwab IRA*																	
	for year end value, income																	
	and detailed transactions see attachment																	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 2 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	C $1,001 – $15,000	E $50,001 – $100,000	G $250,001 – $500,000	I $1,000,001 – $5,000,000	K $25,000,001 – $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	III $201 – $1,000	V $2,501 – $5,000	VII $15,001 – $50,000	IX $100,001 – $1,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Nephrology & Endocrine Associates 401(K) Plan held by Fidelity Investment for year end values, income and detailed transactions see attachment																	
	Morgan Stanley Dean Witt IRA Account- for year end value, income and detailed transactions see attachment																	
	Morgan Stanley Dean Witt Roth IRA- for year end value, income and detailed transactions see attachment																	
SP	ITT Industries		X					X										P< 1000
SP	Anapath (Envirosystems)		X									X						
SP	Las Vegas Business Bank											X						
SP	IBM		X					X										P< 1000
SP	Pfizer							X					X					P< 1000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 7 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	C $1,001 – $15,000	E $50,001 – $100,000	G $250,001 – $500,000	I $1,000,001 – $5,000,000	K $25,000,001 – $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	III $201 – $1,000	V $2,501 – $5,000	VII $15,001 – $50,000	IX $100,001 – $1,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	3466 Legendary LV NV			X										X				
SP	Morgan Stanley Dean Witt																	
	Active Assets Account																	
	for year end value, income																	
	and detailed transactions																	
	see attachment																	
JT	208 D St SE Washington DC					X								X				
JT	150 D St SE Washington DC					X									X			
SP	SHDC, LLC				X						ternship				X			
	Dialysis services																	
	9220 W Sunset Rd																	
	Las Vegas, NV																	
SP	Emigrant Bank		X						X					X				
SP	NetBank		X						X				X					
SP	Sky Bank (Union Bank)		X						X				X					
SP	Nephrology & Endocrine				X													Co-mingled
	Associates Defined Benefit																	account
	Pension Plan all assets held																	I do not
	in fund symbol VASIX																	have info
																	on	individual
																		trades

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 5 of 74

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	C $1,001 – $15,000	E $50,001 – $100,000	G $250,001 – $500,000	I $1,000,001 – $5,000,000	K $25,000,001 – $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	III $201 – $1,000	V $2,501 – $5,000	VII $15,001 – $50,000	IX $100,001 – $1,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	VAC, LLC- land and building			X														
	3150 Charleston LV, NV																	
	Liquid Assets		X						X									
JT	314th & Osborn Rd	X										X						S
	Buckeye AZ																	
SP	2630 E. Harris Farm Rd			X								X						P
	Pahrump NV																	
SP	Pahrump land- assessor's			X								X						P
	# 27-211-03																	
JT	1281 Laura Pahrump NV		X									X						P
JT	1241 Pascoe Pahrump NV											X						P
SP	Henderson Dialysis LLC																	
	dialysis unit Henderson NV		X									X						P

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SCHEDULE IV — TRANSACTIONS

Name: Shelley Berkley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: SALE	Date (MO/DAY/YR)	Amount of Transaction: C $15,001–$50,000	E $100,001–$250,000	G $500,001–$1,000,000	I $5,000,001–$25,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock		10–12–00	X				
~~SP~~	~~See Attachments~~							
SP	RRT, LLC- formed JV with DaVita		06-01-06		X	cash	t of	sact
	RRT contributed its dialysis unit and DaVita cor	ted 3	is units. JV	0%		ta a	0%	
SP	2630 East Harris Farm Rd Pahrump NV		12-28-06		X			
JT	1281 Laura Pahrump NV		03-6-06					
JT	314th and Osborn Buckeye AZ	X	11-22-06	X				
	See Attachments							
JT	1241 Pascoe Pahrump NV		03-6-06	X				
SP	Pahrump NV land- assessor's # 27-211-03		8-21-06					
SP	NCA- Nephrology Management Company		11-21-06		X			
SP	Henderson Dialysis LLC		3-30-06					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability	C $15,001–$50,000		E $100,001–$250,000		G $500,001–$1,000,000		I $5,000,001–$25,000,000		K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	**Central National Bank**	**Mortgage on 3466 Legend**		X								
		LV NV										
JT	**Pentagon Federal Credit Union**	**Mortgage on 150 D St SE DC**					X					
JT	Pentagon Federal Credit Union	Mortgage on 208 D St SE DC						X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Tel Aviv University American Council	Aug 20-23	Los Angeles-Tel Aviv-Las Vegas	Y	Y	N	N

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Morgan Stanley

Member: Shelley Berkley

Berkley 12/31

CHOICE RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2006

Account Number

IRA Rollover

LARRY LEHRNER

Asset Summary

	Value	% of Assets
MMF and Bank Deposits*	$13,765.07	4.8
Stocks	49,398.84	19.3
Municipal Bonds	0.00	0.0
Corporate Fixed Income	107,003.74	37.6
Government Securities	0.00	0.0
Mutual Funds	36,675.11	13.5
Unit Investment Trusts	24,331.86	9.0
Certificates of Deposit	45,637.00	16.8
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$271,306.57	100.0
Cash	0.00	
Total Asset Value	$271,306.57	

Income Summary

	This Month	Year-To-Date
MMF and Bank Deposits*	$466.56	$714.74
Stocks	75.41	327.10
Municipal Bonds	0.00	0.00
Corporate Fixed Income	394.83	2,695.48
Government Securities	0.00	0.00
Mutual Funds	95.17	95.17
Unit Investment Trusts	0.00	674.49
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$561.97	$4,506.93

Activity Summary

Total Asset Value November 30 2006		$270,757.70
Cash/Money Market Funds/Bank Deposits* Activity for December		
Closing Balance 11/30	$12,798.22	
Credits To Your Account		
Dividends and Interest	561.97	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	8,222.76	
Total Credits	8,784.68	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-8,317.88	
Other Debits	0.00	
Total Debits	-8,317.88	
Closing Balance 12/31	13,765.07	
Net Change Cash/Money Market Funds/Bank Deposits* Activity		466.80
Changes in Asset Value for December		
Value of Priced Assets 11/30	$257,954.48	
Securities Bought	8,317.88	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	-8,230.81	
Value of Priced Assets 12/31	258,041.55	
Net Change in Asset Value		87.07
[redacted] 2006		

*Eligible for FDIC insurance. FDIC rules apply. Not SIPC insured.

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

Morgan Stanley

Berkley 13 of 74

Member: Shelley Berkley

CHOICE RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2006

LARRY E FIRNER

Account Number

ASSET DETAILS

Cash/Money Market Funds/Bank Deposits	Amount	Pct of Assets	Est Yrly Income	APY	Annualized 30 Day Yields
CASH	.00		---		
BANK DEPOSIT PROGRAM # MORGAN STANLEY BANK	13,765.07	4.8		4.67	-
Total Bank Deposits	13,765.07	4.8			
Total Cash/MMF/Bank Deposits	$13,765.07	4.8	0	-	-
Net Change Since Last Statement	$4866.80				

Bank Deposits are at Morgan Stanley Bank and Discover Bank (Members FDIC), affiliates of Morgan Stanley DW Inc
Bank deposits are eligible for FDIC insurance up to applicable limits. Not SIPC insured

The Bank Deposit Program APY represents the applicable rate in effect for your deposits at the statement ending date. This APY may be different than the APY that was in effect during the statement period. For current Bank Deposit Program or Money Market Fund yields, go to http://www.morganstanley.individual.com/AccountOptions/ActiveAssets/InvestmentFeatures/IRARateReaderTier.asp

Stocks		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
Common Stocks								
154	AMERICAN INTERNATIONAL GR	71.56	11,025.84	4.1	165	.97	AIG	Next Dividend Payable 03/07
94	HOST HOTELS & RESORTS INC	24.55	2,307.70	0.9	75	3.15	HST	Next Dividend Payable 01/16/07
2,560	MORGAN STANLEY/BRIDGES LO COMPANIES DUE 03/30/09	10.30	26,368.00	9.7	0	0.00	[illegible]	
155	STARWOOD HTLS & RSTS WW INC	62.50	9,687.50	3.6	160	1.68	HOT	Next Dividend Payable 01/19/07
Total Stocks			$49,395.84	18.2	$437	.88		
Net Change Since Last Statement			-141.07					

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

Berkley 14 of 74

Morgan Stanley

Member: Shelley Berkley

CHOICE RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2006

LARRY LEHRNER

Account Number

Corporate Fixed Income**		Current Price	Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Additional Information
Corporate Bonds								
16,000	MORGAN STANLEY SDN (LINKED, TNOTE, CORPORATION ZERO COUPON DUE 10/30/10	96.750	15,480.00	5.7	0	0.00	0	MOODY AA3 ISSUE 05/28/03
14,000	CATERPILLAR FIN SER VCORP 4.450 JUN/DEC 15 DUE 06/15/12 CALLABLE $100.00 ON 06/15/07	94.351	13,209.14	4.9	623	4.71	55	YIELD TO MATURITY 5.6680 MOODY A1 S&P A ISSUE 06/16/05
20,000	CITIGROUP GLOBAL MEDNOTES 5.000 MON 4TH 15 DUE 08/15/14 CALLABLE $100.00 ON 02/15/07	94.923	18,984.60	7.0	1,000	5.26	44	YIELD TO MATURITY 5.8340 MOODY AA1 S&P AA- (+) ISSUE 08/13/04
	Total Corporate Bonds		47,673.74	17.6	1,623	3.40	7	
Fixed-Rate Capital Securities								
2,000	8 SPARQS INTO SELL MY MS 8.000 QTRLY FEB DUE 11/20/07 CALLABLE ANYTIME 05/20/07	23.60	49,174.00	18.2	3,891	7.88	0	MOODY N.A.
200	PHOENIX COMPANIES INC 7.450 QTRLY JAN DUE 01/15/37 CALLABLE $25.00 ON 01/25/07	25.03	5,006.00	1.8	372	7.44	0	MOODY BAA3 S&P BBB
	Total Fixed-Rate Capital Securities		54,330.00	20.0	4,264	7.84	0	
Total Corporate Fixed Income			102,003.74	37.6	55,887	5.77	57	
Net Change Since Last Statement			-7,271.36					

Watchlist and CreditWatch Indicators (*) = developing/uncertain (+) = On Watchlist/CreditWatch Upgrade (-) = On Watchlist/CreditWatch Downgrade
For more information on Watchlist and CreditWatch Indicators please go to our website at www.morganstanley.com/bondratings

***The "Current Price" and "Value" figures shown for Fixed Income securities are representative values which may not reflect the value that could actually be obtained in the market. See "Pricing of Securities" at the end of this statement.*

Morgan Stanley

Berkley 15 of 74

Member: Shelley Berkley
CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2006

LARRY LEHRNER

Account Number

Mutual Funds	Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Morgan Stanley Mutual Funds								
3,228.443 FINANCIAL SERVICES PUS R	11.3600	36,675.11	13.5	N/A	N/A	13772 1874	FSVRX	Reinv/Reinv
Total Mutual Funds		$36,675.11	13.5	N/A	N/A			
Net Change Since Last Statement		$901.40						

Unit Investment Trusts	Current Price	Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Par Value	Reinvest Option
Equity Trusts								
2,007 UNIT VAN KAMPEN SELECT 10 INDUSTRIAL FOCUS-1	12.1235	24,331.86	9.0	867	3.56	N/A	N/A	[illegible]
Total Unit Investment Trusts		$24,331.86	9.0	$867	3.56	0	0.00	
Net Change Since Last Statement		$888.10						

Certificates of Deposit**	Market Price	Market Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Additional Information
46,000 LASALLE NATL BANK NA S&P 500 TOP 10 ZERO COUPON DUE 07/13/17	99.3000	45,637.00	16.8	0	0.00	0	ISSUE 07/13/05 MATURITY VALUE $46,000.00
Total Certificates of Deposit		$45,637.00	16.8	0	0.00	0	
Net Change Since Last Statement		$460.00					

Asset Summary	Value	Est Yrly Income
Total Asset Value	$271,306.57	$7,191
Total Net Change In Priced Assets Since Last Statement	$83.67	

***The "Current Price" and "Value" figures shown for Fixed Income securities are representative values, which may not reflect the value that could actually be obtained in the market. See "Pricing of Securities" at the end of this statement.*

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

Berkley 16 J 74

Member: Shelley Berkley

CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2006

LARRY LEHRNER

Account Number
101 216732 571

Funds to Purchase Securities

Trade Date	Settle Date	Activity	Quantity	Description	Price	Amount	Additional Information	
12 15	12 15	S/T Capital Gain	28.930	FINANCIAL SERVICES TRUST R	11.1900	324.14	REINVESTMENT	
12-15	12 15	L/T Capital Gain	692.027	FINANCIAL SERVICES TRUST R	11.1900	7,892.57	REINVESTMENT	
				Total Funds to Purchase Securities		8,217.88	Year-To-Date	+103,193.83
		Total Debits To Your Account				8,217.88	Year-To-Date	105,4[illegible].53

ADDITIONAL ACCOUNT INFORMATION

MMF and Bank Deposits

Closing Balances	Date	Description	Amount	Additional Information
	11 30	BANK DEPOSIT PROGRAM	13,798.22	
	11 30	TOTAL Closing Balance	13,798.22	

Transactions	Date	Activity	Description	Amount	Additional Information
	12-18	Automatic Deposit	BANK DEPOSIT PROGRAM	420.34	
	12 28	Automatic Deposit	BANK DEPOSIT PROGRAM	46.56	

Closing Balances	Date	Description	Amount	Additional Information
	12 31	BANK DEPOSIT PROGRAM	13,865.03	
	12 31	TOTAL Closing Balance	13,865.03	

Morgan Stanley Fund Summary

	YTD Dividends	YTD Cap Gains	YTD Taxes	Features
FINANCIAL SERVICES TRUST R	95.12	8,[illegible].76	0.00	Reinvest Dividends and Capital Gains
LIQUID ASSET FUND	599.77	0.00	0.00	Reinvest Dividends
Totals	$694.89	$8,[illegible].76	$0.00	

Retirement Recap

	2006	2005
Account Valuation	771,306.57	741,878.74

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

Member: Shelley Berkley

Morgan Stanley ClientServe

Account Activity

Search Quicken Settings

To search for activity first select the account you're interested in. You may search by activity, by type, or by activity for a specific security. Adjust the time period to limit the number of items returned. For activity before October 2002 check your statements.

Select an account

Larry Lehrner

Search by Type or Symbol [redacted] All activity types

[redacted]

Time period [redacted]

[redacted] to [redacted]

Results Items 41 - 60 of 60

<< Previous 1 2

Activities

Date	Activity	Quantity	Description	Symbol	Price	Amount	Details
5-25-2006	Automatic Investment	25.00	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2006 1 REINVESTMENT IND AVIS MARKET MAKER RATE N/A-N/A DUE 2007 03 02	SDXXV061	10.08	[illegible]	
5-15-2006	Interest		CITIGROUP GLOBAL MARKETS RATE N/A-N/A 5.000% DUE 2014 08 15			83.33	
5-12-2006	Account Fee		CHOICE 05-01 TO 07-31 IRA-653			566.55	
5-10-2006	Tax Exempt Interest		ENTERPRISE PROD PRTNRS L P LIMITED PARTNERSHIP	EPD		406.50	
4-28-2006	Dividend		LIQUID ASSET FUND	LAF		33.50	
4-17-2006	Interest		CITIGROUP GLOBAL MARKETS RATE N/A-N/A 5.000% DUE 2014 08 15			83.33	
4-17-2006	Interest		PHOENIX COMPANIES INC RATE BAA/NR 7.450% DUE 2032 01 15	PFX		93.13	
4-13-2006	Reorg Cash/Cr		HOST MARRIOTT CP (REIT) CASH IN LIEU OF FRACTIONS	HMT		17.58	
4-11-2006	Sold Exchange	155.00	STARWOOD HOTELS & RESORTS CL B EXCHANGE		0.50	77.67	
4-11-2006	Received	64.00	HOST MARRIOTT CP (REIT) EXCHANGE	HMT			
4-10-2006	Received	155.00	STARWOOD HOTELS & RESORTS CL B EXCHANGE				
4-10-2006	Received	155.00	STARWOOD HTLS & RSTS WW INC EXCHANGE	HOT			
4-10-2006	Tender	155.00	STARWOOD HTLS & RSTS WW INC EXCHANGE				
4-7-2006	Dividend		STARWOOD HTLS & RSTS WW INC	HOT		32.55	
3-31-2006	Dividend		LIQUID ASSET FUND	LAF		56.55	
3-17-2006	Dividend		AMERICAN INTERNATIONAL GP	AIG		23.10	
3-15-2006	Interest		CITIGROUP GLOBAL MARKETS RATE N/A-N/A 5.000% DUE 2014 08 15			83.33	
3-10-2006	Dividend		STARWOOD HTLS & RSTS WW INC	HOT		32.55	
3-2-2006	Bought	1,100.00	ENTERPRISE PROD PRTNRS L P	EPD	23.60	[illegible]	
2-28-2006	Dividend		LIQUID ASSET FUND	LAF		112.08	

Berkley 7/14

Activity Search

Member: Shelley Berkley

Larry Lehrner

2/21/2006	Transfer/Long	250.00	NORTHPOINT COMM CORP INC IRA 55214-T-01/ZINTS NON TRANSFERABLE SECURITY	NPNTCO			
2/15/2006	Interest		CITIGROUP GLOBAL MARKETS RATE N/A/N/A 5.000% DUE 2014 08 15				83.33
2/14/2006	Account Fee		CHOICE 02/01 TO 04/30 IRA 553				-53.00
1/31/2006	Dividend		LIQUID ASSET FUND	LAF			122.04
1/20/2006	Dividend		STARWOOD HTLS & RSTS WW INC	HOT			130.20
1/17/2006	Interest		CITIGROUP GLOBAL MARKETS RATE N/A/N/A 5.000% DUE 2014 08 15				83.33
1/17/2006	Interest		PHOENIX COMPANIES INC RATE BAA3/BBB 7.450% DUE 2032 01 15	PNX			93.13
1/3/2006	Automatic Investment	1,947.00	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2006 1 REINV FULL MS-DW IN MARKET MAKER RATE N/A/N/A DUE 2007 03 02	SDXW/051	9.90	19,[illegible]	
1/3/2006	Automatic Redemption	2,135.00	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2006 1 MS-DW IN MARKET MAKER RATE N/A/N/A	SDXW/051	9.03	19,278.62	

<< Previous 1 2

Berkley 18 of 74

Morgan Stanley

Berkley 19 of 74

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2006

Account Number

IRA Rollover

ROCHELLE L BERKLEY

Asset Summary

	Value	% of Assets
MMF and Bank Deposits*	$3,070.60	4.9
Stocks	0.00	0.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	44,988.56	70.0
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	14,393.04	23.1
Asset Value	$62,452.18	100.0
Cash	0.00	
Total Asset Value	$62,452.18	

Income Summary

	This Month	Year-To-Date
MMF and Bank Deposits*	$11.45	$133.19
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	197.87	367.79
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$209.32	$501.08

*Eligible for FDIC insurance. FDIC rules apply. Not SIPC insured

Activity Summary

Total Asset Value November 30 2006		$61,[illegible]95.7[illegible]
Cash/Money Market Funds/Bank Deposits* Activity for December		
Closing Balance 11/30	$3,059.15	
Credits To Your Account		
Dividends and Interest	209.37	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	7,007.09	
Total Credits	7,216.43	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	7,204.96	
Other Debits	0.00	
Total Debits	7,204.96	
Closing Balance 12/31	3,070.60	
Net Change Cash/Money Market Funds/Bank Deposits* Activity		11.45
Changes in Asset Value for December		
Value of Priced Assets 11/30	$58,736.54	
Securities Bought	7,204.96	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	-6,059.94	
Value of Priced Assets 12/31	59,881.04	
Net Change in Asset Value		1,245.0[illegible]
[redacted]		[illegible]

Please see page 6 for your Account's Retirement Recap

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

Morgan Stanley

Berkley 20 of 74

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2006

ROCHELLE L BERKLEY

Account Number

ASSET DETAILS

Cash/Money Market Funds/Bank Deposits	Amount	Pct of Assets	Est Yrly Income	APY	Annualized 30 Day Yields
CASH	.00			---	
LIQUID ASSET FUND	3,070.60	4.9%	146	---	4.75
Total Money Market Funds	3,070.60	4.9%	146	---	
Total Cash/MMF/Bank Deposits	$3,070.60	4.9%	$146		---
Net Change Since Last Statement	$11.45				

Mutual Funds	Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Morgan Stanley Mutual Funds								
403.187 DIVIDEND GRWTH SECURITIES A	20.9800	9,977.46	15.9%	N/A	N/A	405001193	DIVAX	Reinv/Reinv
140.674 EUROPEAN EQUITY FUND A	77.5700	7,681.37	12.3	N/A	N/A	301078990	EUGAX	Reinv/Reinv
155.183 PACIFIC GROWTH FUND A	21.0900	3,273.81	5.2	N/A	N/A	405031106	PGFAX	Reinv/Reinv
285.711 INTERNATL VALUE EQUITY FD A	13.1700	3,763.81	6.0	N/A	N/A	405172446	IVQAX	Reinv/Reinv
112.983 INTERNATL VALUE EQUITY FD B	13.0800	1,477.79	2.4	N/A	N/A	193173554	IVQBX	Reinv/Reinv
484.472 DIVIDEND GRWTH SECURITIES B	21.1700	10,257.05	16.4	N/A	N/A	193173503	DIVBX	Reinv/Reinv
Total Morgan Stanley Mutual Funds		36,356.29	58.1	N/A	N/A			
Other Mutual Funds								
463.257 PHOENIX NIFTY 50 FTY A	18.6300	8,627.75	13.8	N/A	N/A		PANFX	Reinv/Reinv
Total Mutual Funds		$44,988.54	71.9	N/A	N/A			
Net Change Since Last Statement		$637.71						

Other	Est NAV	Valuation Est	Pct of Assets	Fund Number	Date	Additional Information
Managed Futures						
191.798 MS SPECTRUM SELECT EST.VALU	29.19	5,656.98	9.1	C	12/28	
214.961 MS SPECTRUM SELECT EST.VALU	23.60	5,073.07	8.1	C	12/28	
297.165 MS SPECTRUM CURRENCY EST.VALU	11.37	3,663.03	5.9	C	12/28	
Total Other		$14,393.04	23.1			

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Shelley Berkley

IRA

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Account Activity

Search Dividend Settings

To search for activity, first select the account you're interested in. You may search by activity, by type, or by activity for a specific security. Adjust the time period to find the number of items relevant. For activity before October 2002, check your statements.

Select an account

Search by Type or Symbol [redacted] All activity types

[redacted]

Time period

[redacted] to [redacted]

[redacted]

Results: Items 1 - 40 of 41 1 2 Next >>

Activities

Date	Activity	Quantity	Description	Symbol	Price	Amount	Details
12/29/2006	Dividend		LIQUID ASSET FUND	ILAF		11.45	
12/21/2006	S-T Capital Gain		INTERNATL VALUE EQUITY FD B	IVEBX		5.68	
12/21/2006	L-T Capital Gain		INTERNATL VALUE EQUITY FD B	IVEBX		112.65	
12/21/2006	Dividend		INTERNATL VALUE EQUITY FD B	IVEBX		9.20	
12/21/2006	S-T Capital Gain		INTERNATL VALUE EQUITY FD A	IVEAX		21.79	
12/21/2006	L-T Capital Gain		INTERNATL VALUE EQUITY FD A	IVEAX		433.37	
12/21/2006	Dividend		INTERNATL VALUE EQUITY FD A	IVEAX		33.83	
12/21/2006	Dividend		PACIFIC GROWTH FUND A	TGRAX		5.01	
12/21/2006	Dividend		EUROPEAN EQUITY FUND A	EUGAX		82.71	
12/15/2006	L-T Capital Gain		DIVIDEND GROWTH SECURITIES B	DIVBX		3,225.56	
12/15/2006	Dividend		DIVIDEND GROWTH SECURITIES B	DIVBX		25.71	
12/15/2006	L-T Capital Gain		DIVIDEND GROWTH SECURITIES A	DIVAX		3,145.04	
12/15/2006	Dividend		DIVIDEND GROWTH SECURITIES A	DIVAX		21.31	
11/30/2006	Dividend		LIQUID ASSET FUND	ILAF		11.80	
10/31/2006	Dividend		LIQUID ASSET FUND	ILAF		12.80	
9/29/2006	Dividend		LIQUID ASSET FUND	ILAF		11.59	
9/22/2006	Dividend		DIVIDEND GROWTH SECURITIES B	DIVBX		25.84	
9/22/2006	Dividend		DIVIDEND GROWTH SECURITIES A	DIVAX		21.28	
8/31/2006	Dividend		LIQUID ASSET FUND	ILAF		12.26	
7/31/2006	Dividend		LIQUID ASSET FUND	ILAF		11.67	
6/30/2006	Dividend		LIQUID ASSET FUND	ILAF		11.13	
6/23/2006	S-T Capital Gain		DIVIDEND GROWTH SECURITIES B	DIVBX		67.11	
6/23/2006	L-T Capital Gain		DIVIDEND GROWTH SECURITIES B	DIVBX		1,300.83	
6/23/2006	Dividend		DIVIDEND GROWTH SECURITIES B	DIVBX		31.98	
6/23/2006	S-T Capital Gain		DIVIDEND GROWTH SECURITIES A	DIVAX		94.69	
6/23/2006	L-T Capital Gain		DIVIDEND GROWTH SECURITIES A	DIVAX		1,260.32	
6/23/2006	Dividend		DIVIDEND GROWTH SECURITIES A	DIVAX		20.19	
5/31/2006	Dividend		LIQUID ASSET FUND	ILAF		11.78	
4/28/2006	Dividend		LIQUID ASSET FUND	ILAF		9.03	(+) FEEDBACK
3/31/2006	Dividend		LIQUID ASSET FUND	ILAF		10.26	
3/30/2006	Class Exchange	270.06	DIVIDEND GROWTH SECURITIES B	DIVBX			

Berkley 21 of 24

Shelley Berkley
IRA

3/30/2006	Class Exchange	181.26	PACIFIC GROWTH FUND B	TGRBX	
3/30/2006	Class Exchange	249.02	INTERNATL VALUE EQUITY FD B	IVOBX	
3/30/2006	Class Exchange	246.97	INTERNATL VALUE EQUITY FD A	IVOAX	
3/30/2006	Class Exchange	154.64	PACIFIC GROWTH FUND A	TGRAX	
3/30/2006	Class Exchange	271.16	DIVIDEND GROWTH SECURITIES A	DIVAX	
3/24/2006	Dividend		DIVIDEND GROWTH SECURITIES B	DIVBX	62.03
2/28/2006	Dividend		LIQUID ASSET FUND	LAF	0.99
2/27/2006	Class Exchange	205.05	EUROPEAN EQUITY FUND B	EUXBX	
2/27/2006	Class Exchange	190.43	EUROPEAN EQUITY FUND A	EUXAX	

1 2 Next >>

[illegible]

Berkley 22174

Morgan Stanley

Berkley 23 of 74

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2006

Account Number

Roth Converted IRA

ROCHELLE BERKLEY

Asset Summary

	Value	% of Assets
MMF and Bank Deposits*	$88.95	0.0
Stocks	0.00	0.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	148,504.08	100.0
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$148,593.03	100.0
Cash	0.00	
Total Asset Value	$148,593.03	

Income Summary

	This Month	Year-To-Date
MMF and Bank Deposits*	$0.79	$2.93
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	573.97	1,325.93
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$574.[illegible]	$1,328.86

*Eligible for FDIC insurance. FDIC rules apply. Not SIPC insured

Activity Summary

Total Asset Value November 30 2006		$146,477.48
Cash/Money Market Funds/Bank Deposits* Activity for December		
Closing Balance 11/30	500.66	
Credits To Your Account		
Dividends and Interest	574.[illegible]	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	3,569.[illegible]	
Total Credits	4,1[illegible]3.43	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-4,1[illegible]3.14	
Other Debits	0.00	
Total Debits	-4,1[illegible]3.14	
Closing Balance 12/31	88.95	
Net Change Cash/Money Market Funds/Bank Deposits* Activity		0.29
Changes in Asset Value for December		
Value of Priced Assets 11/30	$146,388.87	
Securities Bought	4,1[illegible]3.14	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	-2,007.88	
Value of Priced Assets 12/31	148,504.09	
Net Change in Asset Value		2,115.26
[redacted]		[illegible]

Please see page 5 for your Account's Retirement Recap

Morgan Stanley

Berkley 24 of 74

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2006

ROCHELLE BERKLEY

Account Number

ASSET DETAILS

Cash/Money Market Funds/Bank Deposits	Amount	Pct of Assets	Est Yrly Income	APY	Annualized 30 Day Yields
CASH	.00			---	
LIQUID ASSET FUND	88.95		4	---	4.76
Total Money Market Funds	88.95		4	---	
Total Cash/MMF/Bank Deposits	$88.95		$4		---
Net Change Since Last Statement	$.79				

Mutual Funds		Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Other Mutual Funds									
151.555	MSTC EMERGING MARKETS A	29.0900	4,439.05	3.0	N/A	N/A		MGEMX	Reinv/Reinv
148.290	MSTC INTERNATL SMALL CAP A	23.7500	3,519.69	1.4	N/A	N/A		MSTSX	Reinv/Reinv
1,286.995	DAVIS NEW YORK VENTURE A	38.5700	49,575.05	33.4	N/A	N/A		NYVTX	Reinv/Reinv
157.317	FORWARD/EMERGING GROWTH A	13.9000	4,966.71	3.4	N/A	N/A		ISMGX	Reinv/Reinv
5,389.635	GOLDMAN SACHS STRATEGIC GRW A	9.6900	49,318.56	33.2	N/A	N/A		GGPAX	Reinv/Reinv
243.266	MSTC FR US SMALL CAP VAL INST	26.3700	6,414.9	4.3	N/A	N/A		MPSCX	Reinv/Reinv
1,767.919	PIONEER HIGH YIELD A	10.6700	18,874.78	12.8	N/A	N/A		TAHYX	Reinv/Reinv
236.049	JP MORGAN MID CAP VALUE A	25.7600	6,080.67	4.1	N/A	N/A		JAMCX	Reinv/Reinv
228.274	DELAWARE GROWTH GROUP A	22.5900	5,157.70	3.4	N/A	N/A		DGGTX	Reinv/Reinv
Total Mutual Funds			$148,504.08	100.0	N/A	N/A			
Net Change Since Last Statement			$2,115.76						

Asset Summary	Value	Est Yrly Income
Total Asset Value	$148,593.03	$4
Total Net Change In Priced Assets Since Last Statement	$2,115.76	

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Shelley Berkley

Roth IRA

Morgan Stanley ClientServ®

Account Activity

Search Quicken Settings

To search for activity, first select the account you're interested in. You may search by activity, by type, or by activity for a specific security. Adjust the time period to find the number of items returned for activity before October 2002. Check your statements.

Select an account

Search by Type or Symbol [redacted] All activity types

Time period [redacted]

Results Items 1 - 40 of 84

1 2 3 Next >>

Activities

Date ▼	Activity	Quantity	Description	Symbol	Price	Amount	Details
12/29/2006	Automatic Investment	7.34	PIONEER HIGH YIELD A REINVESTMENT	TAHYA	10.02	[illegible]	
12/29/2006	Dividend		LIQUID ASSET FUND	ILAF		0.29	
12/28/2006	Dividend		JP MORGAN MID CAP VALUE A DIV PAYMENT	JAMUX		56.83	
12/22/2006	Automatic Investment	2.32	JP MORGAN MID CAP VALUE A REINVESTMENT	JAMUX	25.71	[illegible]	
12/22/2006	Capital Gains		MSIF TR US SMALL CAP VAL INST	MPSIX		135.80	
12/22/2006	Capital Gains		MSIF TR US SMALL CAP VAL INST	MPSIX		497.82	
12/22/2006	Dividend		MSIF TR US SMALL CAP VAL INST DIV PAYMENT	MPSIX		17.34	
12/22/2006	Capital Gains		MSIF INTERNATL SMALL CAP A	MNISX		24.78	
12/22/2006	Capital Gains		MSIF INTERNATL SMALL CAP A	MNISX		428.80	
12/22/2006	Dividend		MSIF INTERNATL SMALL CAP A DIV PAYMENT	MNISX		36.00	|+| FEEDBACK
12/22/2006	Capital Gains		MSIF EMERGING MARKETS A	MGEMX		0.10	
12/22/2006	Capital Gains		MSIF EMERGING MARKETS A	MGEMX		633.32	
12/22/2006	Dividend		MSIF EMERGING MARKETS A DIV PAYMENT	MGEMX		37.17	
12/21/2006	Automatic Investment	0.68	MSIF TR US SMALL CAP VAL INST REINVESTMENT	MPSIX	26.23	17.34	
12/21/2006	Automatic Investment	18.97	MSIF TR US SMALL CAP VAL INST REINVESTMENT	MPSIX	26.23	[illegible]	
12/21/2006	Automatic Investment	5.22	MSIF TR US SMALL CAP VAL INST REINVESTMENT	MPSIX	26.23	[illegible]	
12/21/2006	Automatic Investment	1.85	MSIF INTERNATL SMALL CAP A REINVESTMENT	MNISX	23.73	[illegible]	
12/21/2006	Automatic Investment	17.90	MSIF INTERNATL SMALL CAP A REINVESTMENT	MNISX	23.73	[illegible]	
12/21/2006	Automatic Investment	1.04	MSIF INTERNATL SMALL CAP A REINVESTMENT	MNISX	23.73	[illegible]	
12/21/2006	Automatic Investment	0.00	MSIF EMERGING MARKETS A REINVESTMENT	MGEMX	26.38	0.10	
12/21/2006	Automatic Investment	1.31	MSIF EMERGING MARKETS A REINVESTMENT	MGEMX	26.38	[illegible]	
12/21/2006	Automatic Investment	22.73	MSIF EMERGING MARKETS A REINVESTMENT	MGEMX	26.38	[illegible]	

Berkley 25374

Shelley Berkley

Roth IRA

Morgan Stanley ClientServe

Account Activity

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Select an account

Search by Type or Symbol All activity types

Time period

to

Results: Items 81 - 84 of 84

« Previous 1 2 3

Activities

Date	Activity	Quantity	Description	Symbol	Price	Amount	Details
2/2/2006	Dividend		PIONEER HIGH YIELD A DIV PAYMENT AS OF 01/31/06	TAHYX		72.59	
1/31/2006	Automatic Investment	6.62	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.67	[illegible]	
1/31/2006	Dividend		LIQUID ASSET FUND	ILAF		0.12	
1/4/2006	Dividend		PIONEER HIGH YIELD A	TAHYX		118.85	

« Previous 1 2 3

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Minimize

Berkley 26 of 74

Shelley Berkley

Roth IRA

Morgan Stanley ClientServ®

Account Activity

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Select an account

Search by Type or Symbol All activity types

Time period

Results Items 41 - 20 of 84

<< Previous 1 2 3 Next >>

Activities

Date	Activity	Quantity	Description	Symbol	Price	Amount	Details
10/31/2006	Automatic Investment	6.76	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	11.13	[illegible]	
10/31/2006	Dividend		LIQUID ASSET FUND	ILAF		0.32	
10/3/2006	Dividend		PIONEER HIGH YIELD A DIV PAYMENT	TAHYX		75.07	
9/29/2006	Automatic Investment	6.90	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.88	[illegible]	
9/29/2006	Dividend		LIQUID ASSET FUND	ILAF		0.29	
9/5/2006	Dividend		PIONEER HIGH YIELD A DIV PAYMENT AS OF 08/31/06	TAHYX		74.71	
8/31/2006	Automatic Investment	6.85	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.91	[illegible]	
8/31/2006	Dividend		LIQUID ASSET FUND	ILAF		0.31	
8/31/2006	Capital Gains		JP MORGAN MID CAP VALUE A	JAMCX		15.12	
8/31/2006	Capital Gains		JP MORGAN MID CAP VALUE A	JAMCX		25.17	FREDERICK
8/30/2006	Automatic Investment	0.61	JP MORGAN MID CAP VALUE A REINVESTMENT	JAMCX	24.53	[illegible]	
8/30/2006	Automatic Investment	1.01	JP MORGAN MID CAP VALUE A REINVESTMENT	JAMCX	24.53	[illegible]	
8/2/2006	Dividend		PIONEER HIGH YIELD A DIV PAYMENT AS OF 07/31/06	TAHYX		74.40	
7/31/2006	Automatic Investment	6.92	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.75	[illegible]	
7/31/2006	Dividend		LIQUID ASSET FUND	ILAF		0.31	
7/6/2006	Capital Gains		MSIF INTERNATL SMALL CAP A	MSISX		14.37	
7/6/2006	Capital Gains		MSIF INTERNATL SMALL CAP A	MSISX		114.23	
7/6/2006	Dividend		MSIF INTERNATL SMALL CAP A DIV PAYMENT AS OF 07/05/06	MSISX		12.82	
7/6/2006	Capital Gains		MSIF EMERGING MARKETS A	MGEMX		29.07	
7/5/2006	Automatic Investment	0.56	MSIF INTERNATL SMALL CAP A REINVESTMENT	MSISX	24.40	[illegible]	
7/5/2006	Automatic Investment	4.87	MSIF INTERNATL SMALL CAP A REINVESTMENT	MSISX	24.40	[illegible]	
7/5/2006	Automatic Investment	0.52	MSIF INTERNATL SMALL CAP A REINVESTMENT	MSISX	24.40	[illegible]	
7/5/2006	Automatic Investment	1.06	MSIF EMERGING MARKETS A	MGEMX	27.31	[illegible]	

Berkley 27 of 74

Shelley Berkley

Roth IRA

			REINVESTMENT			
7-5-2008	Dividend		PIONEER HIGH YIELD A DIV PAYMENT AS OF 06-30-08	TAHYX		74.10
6-30-2008	Automatic Investment	6.61	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.73	74.10
6-30-2008	Dividend		LIQUID ASSET FUND	ILAF		0.30
6-2-2008	Dividend		PIONEER HIGH YIELD A DIV PAYMENT AS OF 05-31-08	TAHYX		73.80
5-31-2008	Automatic Investment	6.82	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.63	[illegible]
5-31-2008	Dividend		LIQUID ASSET FUND	ILAF		0.33
5-2-2008	Dividend		PIONEER HIGH YIELD A DIV PAYMENT AS OF 04-29-08	TAHYX		73.41
4-28-2008	Automatic Investment	6.64	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	11.08	[illegible]
4-28-2008	Dividend		LIQUID ASSET FUND	ILAF		0.24
4-4-2008	Dividend		PIONEER HIGH YIELD A DIV PAYMENT AS OF 03-31-08	TAHYX		72.18
3-31-2008	Automatic Investment	6.88	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.98	[illegible]
3-31-2008	Dividend		LIQUID ASSET FUND	ILAF		0.08
3-2-2008	Dividend		PIONEER HIGH YIELD A DIV PAYMENT AS OF 02-28-08	TAHYX		72.64
2-28-2008	Automatic Investment	6.85	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.65	[illegible]
2-20-2008	Account Fee		CHECK 02-01 TO 04-30 IRA653			318.07
2-15-2008	Dividend		LIQUID ASSET FUND	ILAF		0.04
2-14-2008	Account Fee		CHECK 02-01 TO 04-30 IRA653			[illegible]

<< Previous 1 2 3 Next >>

Berkley 2 of 74

Shelley Berkley
Roth IRA

12-18-2006	Capital Gains		JP MORGAN MID CAP VALUE A	JMMCX		81.39
12-18-2006	Capital Gains		JP MORGAN MID CAP VALUE A	JMMCX		137.40
12-15-2006	Automatic Investment	3.11	JP MORGAN MID CAP VALUE A REINVESTMENT	JMMCX	26.17	41.59
12-15-2006	Automatic Investment	5.25	JP MORGAN MID CAP VALUE A REINVESTMENT	JMMCX	26.17	137.40
12-12-2006	Capital Gains		DELAWARE GROWTH OPPORT A	DFCGX		336.98
12-8-2006	Automatic Investment	14.77	DELAWARE GROWTH OPPORT A REINVESTMENT	DFCGX	23.80	336.98
12-4-2006	Dividend		PIONEER HIGH YIELD A DIV PAYMENT	TAHYX		75.71
12-4-2006	Dividend		DAVIS NEW YORK VENTURE A DIV PAYMENT	NYVTX		345.02
12-1-2006	Automatic Investment	9.16	DAVIS NEW YORK VENTURE A REINVESTMENT	NYVTX	37.85	345.02
12-1-2006	Capital Gains		PIONEER HIGH YIELD A	TAHYX		43.02
12-1-2006	Capital Gains		PIONEER HIGH YIELD A	TAHYX		775.75
12-1-2006	Capital Gains		FORWARD EMERALD GROWTH A	HSRGX		452.40
11-30-2006	Automatic Investment	0.66	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.00	75.71
11-30-2006	Automatic Investment	32.15	FORWARD EMERALD GROWTH A REINVESTMENT	HSRGX	14.07	[illegible]
11-30-2006	Dividend		LIQUID ASSET FUND	ILAF		0.30
11-29-2006	Automatic Investment	71.43	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.00	[illegible]
11-29-2006	Automatic Investment	3.60	PIONEER HIGH YIELD A REINVESTMENT	TAHYX	10.00	[illegible]
11-2-2006	Dividend		PIONEER HIGH YIELD A DIV PAYMENT	TAHYX		75.25

1 2 3 Next >>

[illegible]

Berkley 28 of 74

2/7/2007

Berkley 30 of 74

Member: Shelley Berkley

SCHWAB

Schwab One® Trust Account of
LAWRENCE M LEHRNER TTEE

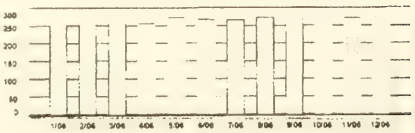
Account Number

Statement Period
December 1-31, 2006

Change in Account Value

	This Period	Year to Date
Starting Value	**$ 271,482.98**	**$ 247,857.82**
Cash Value of Purchases & Sales	(7,286.62)	(34,603.15)
Investments Purchased/Sold	7,286.62	34,603.15
Deposits & Withdrawals	0.00	19,950.00
Dividends & Interest	7,304.14	12,342.13
Fees & Charges	0.00	0.00
Transfers	0.00	0.00
~~Change in Value of Investments~~	~~(5,685.52)~~	~~(7,048.36)~~
Ending Value on 12/31/2006	**$ 273,101.60**	**$ 273,101.60**
~~Total Change in Account Value~~	~~$ 1,618.62~~	~~$ 25,243.78~~
~~(Cash Value Change of Investments)~~	~~.21%~~	~~10.22%~~

Account Value ($) Over Last 12 Months (in Thousands)



Asset Composition

	Market Value	% of Account Assets
Money Market Funds (Sweep)	$ 6,069.34	2%
Equities	92,797.39	34%
Mutual Funds	174,234.87	64%
Total Assets Long	**$ 273,101.60**	
~~Total Account Value~~	~~$ 273,101.60~~	~~100%~~

Overview

- 2% MMFs (Sweep)
- 34% Equities
- 64% Mutual Funds

Realized Gain or (Loss) Summary

Short Term:

This Period	$ 0.00

Long Term:

This Period	$ 0.00

These values may not reflect all of your gains/losses

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement

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172

Berkley 31 of 74

Member: Shelley Berkley

SCHWAB

Schwab One® Trust Account of
LAWRENCE M LEHRNER TTEE

Account Number

Statement Period
December 1-31, 2006

Income Summary	This Period: Federally Tax-Exempt[1]	This Period: Federally Taxable	Year to Date: Federally Tax-Exempt[1]	Year to Date: Federally Taxable
Money Funds Dividends	17.52	0.00	134.83	0.00
Cash Dividends	365.66	1,152.85	4,608.50	1,870.69
Total Capital Gains	0.00	5,728.11	0.00	5,728.11
Total Income	[redacted]	[redacted]	[redacted]	[redacted]

[1]Certain income in this category may qualify for state tax exemption consult your tax advisor

Investment Detail - Money Market Funds [Sweep]

Money Market Funds [Sweep]	Quantity	Market Price	Market Value	Current Yield	% of Account Assets
SCH MUNI MONEY FUND SWXXX	6,069.3400	1.0000	6,069.34	3.23%	2%
[redacted]			6,069.34		[redacted]
[redacted]			6,069.34		[redacted]

Investment Detail - Equities

Accounting Method
Equities First In First Out [FIFO]

Equities	Quantity / Units Purchased	Market Price / Cost Per Share	Market Value / Cost Basis	% of Account Assets / Acquired	Unrealized Gain or (Loss)	Current Yield / Holding Day	Estimated Annual Income / Holding Period
DAVITA INC	750.0000	56.8800	42,660.00	16%	41,005.05	0.00%	0.00
SYMBOL CVA	750.0000	2.2066	1,654.95	03/09/00	41,005.05	2488	Long-Term
Cost Basis			*1,654.95*				

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement

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Investment Detail - Equities (continued)

Accounting Method
Equities: First In First Out (FIFO)

Equities (continued)	Quantity / Units Purchased	Market Price / Cost Per Share	Market Value / Cost Basis	% of Account Assets / Acquired	Unrealized Gain or (Loss)	Current Yield / Holding Day	Estimated Annual Income / Holding Period
HARTFORD FINL SVCS GRP	95.7840	93.3100	8,937.61	3%	506.67	2.14%	191.57
SYMBOL HIG	1.6752	84.8256	142.10		14.21		Short-Term
	13.2447	56.1288	743.41		492.45		Long-Term
	80.8641	N/A	please provide	05/12/97	N/A	3520	Long-Term
Cost Basis			*885.51*				
I T T CORPORATION NEW	40.3317	56.8200	2,291.65	<1%	134.57	0.77%	17.75
INDIANA	0.3263	51.7008	16.87		1.67		Short-Term
SYMBOL ITT	4.0804	24.2500	98.95		132.90		Long-Term
	35.9250	N/A	please provide	06/21/96	N/A	3845	Long-Term
Cost Basis			*115.82*				
INTL BUSINESS MACHINES	42.7647	97.1500	4,154.59	2%	58.27	1.23%	51.32
SYMBOL IBM	0.5584	93.5601	46.66		7.59		Short-Term
	2.7273	78.5685	214.28		50.68		Long-Term
	39.4790	N/A	please provide	06/03/96	N/A	3863	Long-Term
Cost Basis			*260.94*				
PFIZER INCORPORATED	692.6079	25.9000	17,938.54	7%	(359.92)	3.70%	664.90
SYMBOL PFE	25.3250	25.6517	649.63		6.29		Short-Term
	63.2829	31.6867	2,005.23		(366.20)		Long-Term
	604.0000	N/A	please provide	06/21/00	N/A	2364	Long-Term
Cost Basis			*2,654.86*				
SIRIUS SATELLITE RADIO	4,750.0000	3.5400	16,815.00	6%	(4,394.85)	0.00%	0.00
SYMBOL SIRI	1,144.0000	4.0839	4,672.07	10/07/04	(622.31)	815	Long-Term
	1,356.0000	4.0839	5,537.88	10/07/04	(737.64)	815	Long-Term
	1,000.0000	6.0399	6,039.95	01/12/06	(2,499.95)	353	Short-Term
	1,250.0000	3.9679	4,959.95	06/20/06	(534.95)	194	Short-Term
Cost Basis			*21,209.85*				
Total Equities			**92,797.39**	[illegible]	[illegible]		[illegible]

Estimated Annual Income and yield calculations are for informational purposes only and are not a projection or guarantee of future dividends

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement

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Berkley 33 of 74

Member: Shelley Berkley

SCHWAB

Schwab One® Trust Account of
LAWRENCE M LEHRNER TTEE

Account Number

Statement Period
December 1-31, 2006

Investment Detail - Equities (continued)

Accounting Method
Equities: First In First Out (FIFO)

Please see the annual disclosure statement or call your representative for more information

Investment Detail - Mutual Funds

Accounting Method
Mutual Funds: Average

Mutual Funds	Quantity	Market Price	Market Value	% of Account Assets	Average Cost Basis	Cost Basis	Unrealized Gain or (Loss)
DREYFUS S&P 500 INDEX SYMBOL: PEOPX	512.6020	40.0000	20,504.08	8%	38.36	19,664.67	839.41
DWS HIGH YIELD TAX FREE FD CL S SYMBOL: SHYTX	7,613.4150	12.9800	98,822.13	36%	12.20	92,916.23	5,905.90
WILLIAM BLAIR INTL GROWTH FUND CLASS N SYMBOL: WBIGX	1,982.2620	27.7000	54,908.66	20%	16.43	32,573.48	22,335.18
[redacted]			174,234.87	[redacted]			[redacted]
					[redacted]		[redacted]
					[redacted]		[redacted]

Transaction Detail - Purchases & Sales

Equities Activity

Settle Date	Trade Date	Transaction	Description	Quantity	Unit Price	Total Amount
12/06/06	12/06/06	Reinvested Shares	PFIZER INCORPORATED PFE	6.6394	24.7957	(164.63)

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on the statement

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175

Member: Shelley Berkley

SCHWAB

Form 1099
with Account Summary
Retain for your Records

Page 2

Tax Year 2006

Date Prepared: January 24, 2007

Payer's Name and Address	Recipient's Name and Address
CHARLES SCHWAB & CO., INC.	LAWRENCE M. LEHRNER TTEE

Federal ID Number:

Taxpayer ID Number:
Account Number:

Proceeds From Broker Transactions - 2006 — **Form 1099-B**

Department of the Treasury-Internal Revenue Service — Copy B for Recipient OMB No. 1545-0715

7-Description	1b-Cusip Number	6-Classes of Shares Exchanged	6-Classes of Stock Exchanged*	Quantity **	In-Sale Date	2-Gross Proceeds (Less Commissions)	4-Federal Income Tax Withheld
AIRTRAX INC	008920100			10,000.000 S	11 22 06	$ 5,089.89	$ 0.00

Total Gross Proceeds from Broker Transactions (less commissions) $ 5,089.89
Total Federal Income Tax Withheld $ 0.00

Gross Proceeds from each of your security transactions are reported individually to the IRS.
Gross Proceeds in aggregate are not reported to the IRS and should not be so reported on your tax return.

Berkley 34 of 74

* CLASSES OF STOCK C = Common P = Preferred O = Other
** ACTIVITY CODES C = Cash in lieu E = Exchange P = Principal S = Sale T = Tender
CV = Conversion M = Cash Merger R = Redemption SS = Short Sale

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the I.R.S. determines that it has not been reported. If you should have any questions regarding information being reported on this form please call us at 1-800-435-4000.

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SCHWAB

Member: Shelley Berkley

Larry Lehrner

Form 1099
with Account Summary
Retain for your Records

Tax Year 2006

Date Prepared: January 24, 2007

Taxpayer ID Number:
Account Number:

DETAIL INFORMATION OF DIVIDENDS AND DISTRIBUTIONS

Description	*Cusip Number*	*Paid in 2006*	*Paid Adjusted in 2007 for 2006*	*Amount*
Ordinary Dividends				
Non-Qualified Dividends				
WILLIAM BLAIR INTL	093001402	$ 0.00	$ 191.10	$ 191.10
Total Non-Qualified Dividends (Included in Box 1a)		$ 0.00	$ 191.10	$ 191.10
Short Term Capital Gains				
WILLIAM BLAIR INTL	093001402	$ 78.20	$ (78.20)	$ 0.00
Total Short Term Capital Gains (Included in Box 1a)		$ 78.20	$ (78.20)	$ 0.00
Qualified Dividends				
DREYFUS S&P 500 INDEX	26200Q105	$ 274.12	$ 0.00	$ 274.12
HARTFORD FINL SVCS GRP	416515104	142.10	0.00	142.10
I B M CORPORATION NEW	459011102	8.85	0.00	8.85
I B M INDUSTRIES INC	459011102	8.02	0.00	8.02
INTL BUSINESS MACHINES	459200101	46.66	0.00	46.66
PFIZER INCORPORATED	717081103	649.63	0.00	649.63
WILLIAM BLAIR INTL	093001402	663.11	(112.90)	550.21
Total Qualified Dividends (Box 1b and included in Box 1a)		$ 1,792.49	$ (112.90)	$ 1,679.59
Total Ordinary Dividends (Box 1a) (Non-Qualified Dividends, Short Term Capital Gains and Qualified Dividends)		$ 1,870.69	$ 0.00	$ 1,870.69

Description	*Cusip Number*	*Paid in 2006*	*Paid Adjusted in 2007 for 2006*	*Amount*
Capital Gain Distributions				
15% Rate Gain				
DREYFUS S&P 500 INDEX	26200Q105	$ 654.45	$ 0.00	$ 654.45
WILLIAM BLAIR INTL	093001402	5,073.66	0.00	5,073.66
Total 15% Rate Gain (Included in Box 2a)		$ 5,728.11	$ 0.00	$ 5,728.11
Total Capital Gain Distributions (Box 2a)		$ 5,728.11	$ 0.00	$ 5,728.11

Berkley 35774

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SCHWAB

Member: Shelley Berkley
Larry Lehrner

Form 1099
with Account Summary
Retain for your Records

Tax Year 2006

Page 4
Date Prepared: January 24, 2007

Taxpayer ID Number:
Account Number:

DETAIL INFORMATION OF INTEREST INCOME

Description	*Cusip Number*	*Paid in 2006*	*Paid Adjusted in 2007 for 2006*	*Amount*
Tax-Exempt Interest				
Tax-Exempt Dividends				
DWS HIGH YIELD TAX FREE	23337W501	$ 4,238.90	$ 0.00	$ 4,238.90
SCH MUNI MONEY FUND	808515308	134.83	0.00	134.83
SCUDDER HIGH YIELD TAX	811170208	369.60	0.00	369.60
Total Tax-Exempt Dividends (Included in Box 8)		$ 4,743.33	$ 0.00	$ 4,743.33
Total Tax-Exempt Interest (Box 8) (Tax-Exempt Dividends)		$ 4,743.33	$ 0.00	$ 4,743.33

Description	*Cusip Number*	*Paid in 2006*	*Paid Adjusted in 2007 for 2006*	*Amount*
Specified Private Activity Bond Interest				
Tax-Exempt Dividends				
DWS HIGH YIELD TAX FREE	23337W501	$ 0.00	$ 343.02	$ 343.02
SCH MUNI MONEY FUND	808515308	0.00	46.34	46.34
SCUDDER HIGH YIELD TAX	23337W501	0.00	36.73	36.73
Total Tax-Exempt Dividends (Box 9 and included in Box 8)		$ 0.00	$ 426.09	$ 426.09
Total Specified Private Activity Bond Int (Box 9) (Tax-Exempt Dividends)		$ 0.00	$ 426.09	$ 426.09

Berkley 2006 1099

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SCHWAB

Member: Shelley Berkley
Larry Lehrner

Form 1099
with Account Summary
Retain for your Records

Tax Year 2006

Page 8
Date Prepared: January 24, 2007

Taxpayer ID Number:
Account Number:

ACCOUNT SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS
The information in this and all subsequent sections is not being provided to the IRS by Charles Schwab. It is being provided to you as additional tax reporting information that you may need to complete your tax return.

SUPPLEMENTAL INFORMATION

Investment Activity for 2006 - Stocks

Description	Activity	Quantity	Trade Date	Settle Date	Price	Net Amount
AIRTRAX INC	BUY	2,500.0000	05-31-06	06-05-06	1.4500	$ (3,634.95)
AIRTRAX INC	BUY	2,500.0000	06-20-06	06-23-06	2.0500	(5,134.95)
AIRTRAX INC	BUY	2,500.0000	07-07-06	07-12-06	1.8200	(4,559.95)
AIRTRAX INC	BUY	2,500.0000	09-11-06	09-14-06	1.2600	(3,159.95)
					Security Subtotal	**(16,489.80)**
HARTFORD FINL SVCS GRP	REINVEST	0.3187	01-04-06		88.5800	(28.23)
HARTFORD FINL SVCS GRP	REINVEST	0.4676	04-04-06		80.7811	(37.77)
HARTFORD FINL SVCS GRP	REINVEST	0.4494	07-05-06		84.4746	(37.96)
HARTFORD FINL SVCS GRP	REINVEST	0.4395	10-03-06		86.7876	(38.14)
					Security Subtotal	**(142.10)**
ITT CORPORATION NEW	REINVEST	0.0903	07-05-06		48.9340	(4.42)
ITT CORPORATION NEW	REINVEST	0.0875	10-03-06		50.6400	(4.43)
					Security Subtotal	**(8.85)**
ITT INDUSTRIES INC	REINVEST	0.0348	01-04-06		103.8100	(3.61)
ITT INDUSTRIES INC	REINVEST	0.0789	04-04-06		55.9000	(4.41)
					Security Subtotal	**(8.02)**
INTL BUSINESS MACHINES	REINVEST	0.1029	03-13-06		81.9878	(8.44)
INTL BUSINESS MACHINES	REINVEST	0.1638	06-13-06		77.4888	(12.69)
INTL BUSINESS MACHINES	REINVEST	0.1561	09-12-06		81.5957	(12.74)
INTL BUSINESS MACHINES	REINVEST	0.1356	12-12-06		94.2945	(12.79)
					Security Subtotal	**(46.66)**
PFIZER INCORPORATED	REINVEST	6.1422	03-08-06		26.0736	(160.15)
PFIZER INCORPORATED	REINVEST	6.7094	06-07-06		24.0887	(161.62)
PFIZER INCORPORATED	REINVEST	5.8340	09-06-06		27.9792	(163.23)
PFIZER INCORPORATED	REINVEST	6.6394	12-06-06		24.7957	(164.63)
					Security Subtotal	**(649.63)**
SIRIUS SATELLITE RADIO	BUY	1,000.0000	01-12-06	01-18-06	6.0300	(6,039.95)
SIRIUS SATELLITE RADIO	BUY	1,250.0000	06-20-06	06-23-06	3.9600	(4,959.95)
					Security Subtotal	**(10,999.90)**

Total Purchases/Adjustments - Stocks $ **(28,344.96)**
Total Proceeds/Adjustments - Stocks $ **0.00**

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Berkley 37 of 74

Member: Shelley Berkley

SCHWAB

Larry Lehrner

Form 1099
with Account Summary
Retain for your Records

Tax Year 2006

Date Prepared: January 24, 2007

Taxpayer ID Number:
Account Number:

ACCOUNT SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS (continued)
The information in this and all subsequent sections is not being provided to the IRS by Charles Schwab. It is being provided to you as additional tax reporting information that you may need to complete your tax return.

SUPPLEMENTAL INFORMATION (continued)

Investment Activity for 2006 - Mutual Funds

Description	*Activity*	*Quantity*	*Trade Date*	*Settle Date*	*Price*		*Net Amount*
DREYFUS S&P 500 INDEX	REINVEST	6.8220	12/28/06		40.1800	$	(274.12)
DREYFUS S&P 500 INDEX	REINVEST	16.2880	12/28/06		40.1800		(654.45)
				Security Subtotal			**(928.57)**
DWS HIGH YIELD TAX FREE	REINVEST	30.2580	02/22/06		12.8900		(390.02)
DWS HIGH YIELD TAX FREE	REINVEST	32.1420	03/27/06		12.8500		(413.02)
DWS HIGH YIELD TAX FREE	REINVEST	27.6300	04/24/06		12.7700		(352.84)
DWS HIGH YIELD TAX FREE	REINVEST	27.7780	05/24/06		12.8000		(355.56)
DWS HIGH YIELD TAX FREE	REINVEST	33.0410	06/26/06		12.6900		(419.29)
DWS HIGH YIELD TAX FREE	REINVEST	29.1960	07/25/06		12.7800		(373.12)
DWS HIGH YIELD TAX FREE	REINVEST	31.7230	08/25/06		12.9200		(409.86)
DWS HIGH YIELD TAX FREE	REINVEST	28.4700	09/25/06		13.0100		(370.40)
DWS HIGH YIELD TAX FREE	REINVEST	29.1840	10/25/06		12.9400		(377.64)
DWS HIGH YIELD TAX FREE	REINVEST	31.5800	11/24/06		13.0300		(411.49)
DWS HIGH YIELD TAX FREE	REINVEST	28.1060	12/22/06		13.0100		(365.66)
				Security Subtotal			**(4,238.90)**
SCUDDER HIGH YIELD TAX	REINVEST	28.7100	01/25/06		12.8700		(369.60)
WILLIAM BLAIR INTL	REINVEST	24.2990	12/20/06		27.2900		(663.11)
WILLIAM BLAIR INTL	REINVEST	185.9160	12/20/06		27.2900		(5,073.66)
WILLIAM BLAIR INTL	REINVEST	2.8660	12/20/06		27.2900		(78.20)
				Security Subtotal			**(5,814.97)**
Total Purchases/Adjustments - Mutual Funds						$	**(11,352.04)**
Total Proceeds/Adjustments - Mutual Funds						$	**0.00**

Investment Activity for 2006 - Totals

Total Purchases/Adjustments (Not Reported to the IRS):	$	**(39,697.00)**
Total Proceeds/Adjustments (Not Reported to the IRS):	$	**0.00**

Berkley 38 of 74

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Berkley 39 of 74

Member: Shelley Berkley

SCHWAB

Rollover IRA of
LAWRENCE M LEHRNER

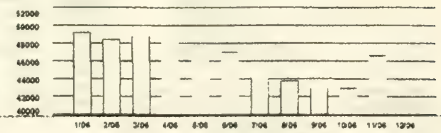
Account Number

Statement Period
December 1-31, 2006

Change in Account Value

	This Period	Year to Date
Starting Value	**$ 46,617.93**	**$ 48,676.08**
Cash Value of Purchases & Sales	(921.16)	(946.63)
Investments Purchased/Sold	921.16	946.63
Deposits & Withdrawals	0.00	0.00
Dividends & Interest	921.16	957.75
Fees & Charges	0.00	0.00
Transfers	0.00	0.00
Change in Value of Investments	(5,835.82)	(7,930.56)
Ending Value on 12/31/2006	**$ 41,703.27**	**$ 41,703.27**
Total Change in Account Value	**$ ([illegible])**	**$ (6,972.81)**
Total Deposits & Withdrawals	**(10.54)%**	**(14.32)%**

Account Value ($) Over Last 12 Months



Asset Composition

	Market Value	% of Account Assets
Money Market Funds (Sweep)	$ 11.12	<1%
Equities	24,780.00	59%
Mutual Funds	16,912.15	41%
Total Assets Long	**$ 41,703.27**	
Total Account Value	**$ 41,703.27**	**100%**

Overview

59% Equities
41% Mutual Funds

Gain or (Loss) on Investments Sold Summary

This Period $ 0.00
These values may not reflect all of your gains/losses

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement

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Member: Shelley Berkley

Berkley 40 of 74

SCHWAB

Rollover IRA of
LAWRENCE M LEHRNER

Account Number

Statement Period
December 1-31, 2006

Income Summary

	This Period	Year To Date
Money Funds Dividends	0.00	36.59
Cash Dividends	197.21	197.21
Total Capital Gains	723.95	723.95
Total Income	[illegible]	[illegible]

Investment Detail - Money Market Funds [Sweep]

Money Market Funds [Sweep]	Quantity	Market Price	Market Value	Current Yield	% of Account Assets
SCHWAB CASH RESERVES SWSXX	11.1200	1.0000	11.12	4.71%	<1%
Total Money Market Funds [Sweep]			11.12		<1%
Total Money Market Funds [Sweep]			11.12		<1%

Investment Detail - Equities

Accounting Method
Equities First In First Out [FIFO]

Equities	Quantity / Units Purchased	Market Price / Cost Per Share	Market Value / Cost Basis	% of Account Assets / Acquired	Unrealized Gain or (Loss)	Current Yield	Estimated Annual Income
SIRIUS SATELLITE RADIO	7,000.0000	3.5400	24,780.00	59%	(5,082.30)	0.00%	0.00
SYMBOL SIRI	1,100.0000	4.8990	5,388.95	05/02/06	(1,494.95)		
	1,200.0000	4.0782	4,893.95	05/18/06	(645.95)		
	1,100.0000	4.5375	4,991.30	05/31/06	(1,097.30)		
	500.0000	4.4475	2,223.77	07/07/06	(453.77)		
	600.0000	4.4490	2,669.43	07/07/06	(545.43)		
	1,250.0000	3.8479	4,809.95	07/24/06	(384.95)		
	1,250.0000	3.9079	4,884.95	09/11/06	(459.95)		
Cost Basis			*29,862.30*				
Total Equities			24,780.00	[illegible]	[illegible]		0.00

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement

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Berkley 41 of 74

Member: Shelley Berkley

SCHWAB

Rollover IRA of
LAWRENCE M LEHRNER

Account Number

Statement Period
December 1-31, 2006

Investment Detail - Equities (continued)

Accounting Method
Equities First In First Out [FIFO]

Estimated Annual Income and yield calculations are for informational purposes only and are not a projection or guarantee of future dividends
Please see the annual disclosure statement or call your representative for more information

Investment Detail - Mutual Funds

Accounting Method
Mutual Funds Average

Mutual Funds	Quantity	Market Price	Market Value	% of Account Assets	Average Cost Basis	Cost Basis	Unrealized Gain or (Loss)
DELAFIELD FUND SYMBOL DEFIX	326 9550	25 6430	8,383 13	20%	25 54	8,349 52	33 61
MUHLENKAMP FUND SYMBOL MUHLX	97 8660	87 1500	8,529 02	20%	80 56	7,884 02	645 00
Total Mutual Funds			16,912.15	41%			678.61

Total Investment Detail	41,783.27
Total Account Value	41,783.27

Transaction Detail - Purchases & Sales

Mutual Funds Activity

Settle Date	Trade Date	Transaction	Description	Quantity	Unit Price	Total Amount
12/28/06	12/28/06	Reinvested Shares	DELAFIELD FUND DEFIX	2 8790	25 7800	(74 21)
12/28/06	12/28/06	Reinvested Shares	DELAFIELD FUND DEFIX	1 9920	25 7800	(51 36)
12/28/06	12/28/06	Reinvested Shares	DELAFIELD FUND DEFIX	28 0820	25 7800	(723 95)

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement

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Berkley 42 of 74

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Rollover IRA of
LAWRENCE M LEHRNER

Account Number

Statement Period
December 1-31, 2006

Transaction Detail - Purchases & Sales (continued)

Mutual Funds Activity (continued)

Settle Date	Trade Date	Transaction	Description	Quantity	Unit Price	Total Amount
12/28/06	12/28/06	Reinvested Shares	MUHLENKAMP FUND MUHLX	0.8180	87.5700	(71.64)
[redacted]						[redacted]
[redacted]						[redacted]

Transaction Detail - Dividends & Interest (including Money Market Fund dividends reinvested)

Transaction Date	Process Date	Activity	Description	Credit/(Debit)
12/28/06	12/28/06	LT Cap Gain Rein	DELAFIELD FUND	723.95
12/28/06	12/28/06	Div For Reinvest	DELAFIELD FUND	51.36
12/28/06	12/28/06	Strm Cap Gn Rein	DELAFIELD FUND	74.21
12/28/06	12/28/06	Div For Reinvest	MUHLENKAMP FUND	71.64
[redacted]				[redacted]
			[redacted]	[redacted]

Contribution Summary

	2005	2006
Traditional IRA	0.00	0.00
[redacted]	[redacted]	[redacted]

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement

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Berkley 4B of 74

Member: Shelley Berkley

SCHWAB

Rollover IRA of
LAWRENCE M LEHRNER

Account Number | Report Period
January 1 - December 31, 2006

2006 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss)

Accounting Method
Mutual Funds Average
All Other Investments First In First Out [FIFO]

Short-Term	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
AMERICAN CENTURY ULTRA FUND INV CL TWCUX	1 8600		09/07/06	$50 69	N/A	N/A
[redacted]				[redacted]	[redacted]	[redacted]

Long-Term	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
AMERICAN CENTURY ULTRA FUND INV CL TWCUX	230 0000		05/01/06	$5,944 00	N/A	N/A
AMERICAN CENTURY ULTRA FUND INV CL TWCUX	175 0000		05/15/06	$5,075 00	N/A	N/A
AMERICAN CENTURY ULTRA FUND INV CL TWCUX	230 0000		05/25/06	$5,706 00	N/A	N/A
AMERICAN CENTURY ULTRA FUND INV CL TWCUX	185 0000		06/20/06	$5,128 20	N/A	N/A
AMERICAN CENTURY ULTRA FUND INV CL TWCUX	185 0000		07/20/06	$4 965 40	N/A	N/A

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this report

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Berkley 44 of 74

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Rollover IRA of
LAWRENCE M LEHRNER

Member: Shelley Berkley

Account Number

Report Period
January 1 - December 31, 2006

2006 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss) (continued)

Accounting Method
Mutual Funds Average
All Other Investments First In First Out (FIFO)

Long-Term (continued)	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
AMERICAN CENTURY ULTRA FUND INV CL TWCUX	670.8230		09/07/06	$18,279.92	N/A	N/A
Total Long-Term				[redacted]	[redacted]	[redacted]
Total Realized Gain or (Loss)				[redacted]	[redacted]	[redacted]

Schwab has provided realized gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. See Terms and Conditions. This information is for your reference only and intended as a profile of your investments. It is not intended for tax reporting purposes.

Endnotes For Your Account

Symbol	Endnote Legend
h	Value includes incomplete cost basis

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this report.

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Berkley 45 of 74

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SMITH BARNEY

Member: Shelley Berkley

Select Consolidation Summary

December 1 - December 31 2006

Ref:

DR. LAWRENCE LEHRNER, TTEE

Summary

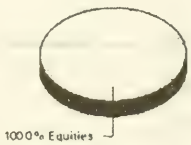
We have enclosed statements for the following accounts in your consolidated household. "Total Value Comparison" and "Year to Date Summary" may contain information for previously existing accounts which have been recently consolidated. Unpriced securities are not included in the "Net Value" columns. Unless otherwise indicated, values shown are for "This Period". Accrued interest and dividends, earned but not paid, are excluded from the Adjusted Net Value.

Account Number	Abbreviated Name	Account Type	Total Value Prior Month Adj Net Value	Total Value This Period Adj Net Value	Net Securities Deposited Withdrawn	Net Capital Deposits Withdrawals	Total Income Taxable Non-Taxable	Unrealized Gain or (Loss)	YTD Realized Gain or (Loss)
	DR. LAWRENCE LEHRNER, TTEE	SELECT	$ 2,461,673.10	$ 2,487,704.39	$ 0.00	$ 0.00	$ 8,227.43	$ 988,412.82	$ 172,314.76
	THE LEHRNER FAMILY TRUST		$ 2,461,673.10	$ 2,487,704.39			$ 929.94		
Total			$ 2,461,673.10	$ 2,487,704.39	$ 0.00	$ 0.00	$ 8,227.43	$ 988,412.82	$ 172,314.76
			$ 2,461,673.10	$ 2,487,704.39			$ 929.94		

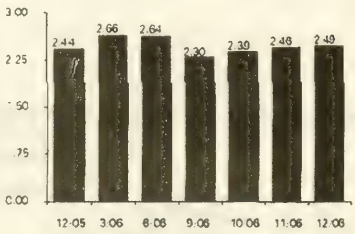
*** This statement has been delivered through E-delivery. To assess your total investment, we have included all accounts in your consolidated household.*

Year to Date Summary		
Beginning total net value as of 12/31/06		$ 2,437,777.03
Net security deposits/withdrawals (year to date)		0.00
Net cash deposits/withdrawals (year to date)		(385,950.14)
Beginning value net of deposits/withdrawals		$ 2,051,826.89
Ending total net value	12/29/06	$ 2,487,704.39
Year to date total return		435,877.50

Current Total Asset Allocation Summary



Total Value Comparison



Berkley 46 of 74

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SMITH BARNEY

Ref: ..

Member: Shelley Berkley

Prime Broker Statement

December 1 - December 31, 2006

DR. LAWRENCE LEHRNER, TTEE
THE LEHRNER FAMILY TRUST
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8610

Account number:

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Account value

Stocks - Long	$ 2,988,652.89
Short trading account balance	0.00
Portfolio CreditLine	500,948.50
Total value this period	**$ 2,487,704.39**
Total value last period	**$ 2,461,673.10**

Settlement date information is only displayed in the "Settlement date cash balance" section.

Earnings summary

	This period		This year	
	Taxable	Non-taxable	Taxable	Non-taxable
Qualified dividends	$ 3,673.37	$ 0.00	$ 42,578.72	$ 0.00
Other dividends	4,247.21	0.00	9,054.26	0.00
Cap. gains distributions-ST	0.00	0.00	0.00	0.00
Cap. gains distributions-LT	306.85	0.00	306.85	0.00
Total	**$ 8,227.43**	**$ 0.00**	**$ 51,939.83**	**$ 0.00**

Cash, money fund, bank deposits

	Cash/margin account	Short account
Opening balance	($ 507,624.18)	$ 0.00
Withdrawals	0.00	
Interest charged on loans	(2,263.08)	
Dividends credited	7,601.97	
Capital gains distributions credited	306.85	
Other income credited	929.04	
Closing balance	($ 500,948.50)	$ 0.00

A free credit balance in any securities account may be paid to you on demand. Although properly accounted for on our books and records, these funds may be used for our business purposes.

Berkley 47 of 74

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SMITH BARNEY

Member: Shelley Berkley

Prime Broker Statement

December 1 - December 31, 2006

Ref:

DR. LAWRENCE LEHRNER, TTEE

Additional summary information	This period	This year
Return of capital	$ 0.00	$ 168.05
Other income	929.94	929.94
FRGN tax withheld	3'8.61	4,020.73

Gain/loss summary		This period	This year
Realized gain or (loss)		$ 0.00	$ 172,314.76
Unrealized gain or (loss) to date	988,412.82		

SETTLEMENT DATE CASH BALANCE

The information provided on this document is based upon trade date activity. Listed below are your settlement date balances

	Amount
Cash	$ 0.00
Portfolio Credit/Debit	500,948.30

PORTFOLIO DETAILS *The values of your holdings are as of 12/31/06*

Securities purchased or sold are included or excluded in this section as of the trade date. This section may include securities that have not settled as of this statement closing date. Please see the "Unsettled Purchases/Sales" section for more information. Dividend yield = the estimated annual income, assuming the current dividend divided by the security's market price at the end of the statement period. We do not guarantee the accuracy of the prices reflected on the statement or that these prices represent levels at which securities can be bought or sold.

Please Note: *unrealized gain/loss is being shown for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.*

Stocks

Common stocks - long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Comment
TRANSOCEAN INC	75	$ 80.89	1.48%	$ 9.00	$ 6,066.75	Symbol: RIG
TRANSOCEAN INC	700	80.89	1.48	84.00	56,623.00	Symbol: RIG
UBS AG (NEW)	700	60.33	2.085	880.00	42,231.00	Symbol: UBS
ABB LTD SPONS ADR	2,100	17.98	.444	168.00	37,758.00	Symbol: ABB
AETNA INC NEW	600	43.18	.092	24.00	25,908.00	Symbol: AET
ALLTEL CORP DELAWARE	375	60.48	8.26	187.50	22,680.00	Symbol: AT
AMERIPRISE FINANCIAL INC	500	54.50	.807	220.00	27,250.00	Symbol: AMP
AMERIPRISE FINANCIAL INC	105	54.50	.807	46.20	5,722.50	Symbol: AMP
ANADARKO PETROLEUM CORP	800	43.52	.827	288.00	34,816.00	Symbol: APC
ANGLO AMERICAN PLC SP ADR	1,400	24.41	1.782	609.00	34,174.00	Symbol: AAUK
ASTRAZENECA PLC SPON ADR	50	53.55	2.633	70.50	2,677.50	Symbol: AZN

Berkley 48 of 74

citigroup
SMITH BARNEY

Member: Shelley Berkley

Prime Broker Statement

December 1 - December 31 2006

Ref

DR. LAWRENCE LEHRNER, TTEE Account num.

Stocks *continued*

Common stocks - long	No of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Comment
ASTRAZENECA PLC SPON ADR	625	$ 53.55	2.633%	$ 881.25	$ 33,468.75	Symbol: AZN
AXA S.A. SPONS ADR	600	40.33	2.372	574.20	24,198.00	Symbol: AXA
AXA S.A. SPONS ADR	650	40.33	2.372	622.05	26,214.50	Symbol: AXA
BASF AG SPONS ADR	50	97.21	2.056	99.95	4,860.50	Symbol: BF
BASF AG SPONS ADR	525	97.21	2.056	1,049.48	51,035.25	Symbol: BF
BAKER HUGHES INC	925	74.66	.600	481.00	69,080.50	Symbol: BHI
BANCO SANTANDER CENT HISPANO S ADR	350	18.00	2.54	185.00	6,531.00	Symbol: STD
BANCO SANTANDER CENT HISPANO S ADR	3,200	18.66	2.54	1,516.80	59,712.00	Symbol: STD
BHP BILLITON LTD SPONS ADR	750	39.75	1.811	540.00	29,812.50	Symbol: BHP
CADBURY SCHVEPPES PLC ADR	600	42.93	2.387	533.40	25,758.00	Symbol: CSG
CANADIAN NATL RAILWAY CO	650	43.03	1.343	375.70	27,960.50	Symbol: CNI
CANADIAN NATURAL RES LTD	450	53.23	.497	119.25	23,953.50	Symbol: CNQ
CATERPILLAR INC	775	61.33	1.856	930.00	47,530.75	Symbol: CAT
CHINA MOBILE LTD SPONSORED ADR	1,250	43.22	1.77	956.25	54,025.00	Symbol: CHL
CONOCOPHILLIPS	675	71.95	2.001	972.00	48,566.25	Symbol: COP
CREDIT SUISSE GROUP ADR	1,100	69.85	1.536	1,180.30	76,835.00	Symbol: CS
DEVON ENERGY CORP NEW	500	67.08	.67	225.00	33,540.00	Symbol: DVN
E ONAG SPONS ADR	1,050	45.19	2.031	933.90	47,449.50	Symbol: EON
ENCANA CORP CAD	575	45.95	.87	230.00	26,421.25	Symbol: ECA
FEDEX CORP	75	108.62	.331	27.00	8,146.50	Symbol: FDX
FEDEX CORP	375	108.62	.331	135.00	40,732.50	Symbol: FDX
GENERAL ELECTRIC CO	125	37.21	3.009	140.00	4,651.25	Symbol: GE
GENERAL ELECTRIC CO	575	37.21	3.009	644.00	21,395.75	Symbol: GE
GENZYME CORP	350	61.58			21,553.00	Symbol: GENZ
GILEAD SCIENCES INC	475	64.93			30,841.75	Symbol: GILD
GLAXOSMITHKLINE PLC SP ADR	50	52.76	3.292	86.85	2,638.00	Symbol: GSK
GLAXOSMITHKLINE PLC SP ADR	625	52.78	3.292	1,085.83	32,975.00	Symbol: GSK
GOLDMAN SACHS GROUP INC	50	199.35	.702	70.00	9,967.50	Symbol: GS
GOLDMAN SACHS GROUP INC	300	199.35	.702	420.00	59,805.00	Symbol: GS
HITACHI LTD ADR	75	62.37	1.101	51.53	4,677.75	Symbol: HIT
HITACHI LTD ADR	575	62.37	1.101	395.03	35,882.75	Symbol: HIT
HONEYWELL INTL INC	75	45.24	2.004	58.03	3,393.00	Symbol: HON

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Prime Broker Statement

December 1 - December 31 2006

Ref

DR. LAWRENCE LEHRNER, TTEE *Account number*

Stocks *continued*

Common stocks - long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Comment
HONEYWELL INTL INC	475	$ 45.24	2.004%	$ 430.83	$ 21,489.00	Symbol HON
HUMANA INC	475	55.31			26,272.25	Symbol HUM
ILLINOIS TOOL WORKS INC	700	46.19	1.818	588.00	32,333.00	Symbol ITW
ING GROEP NV SPONS ADR	179	44.17	2.63	208.00	7,906.43	Symbol ING
ING GROEP NV SPONS ADR	846	44.17	2.63	983.05	37,367.82	Symbol ING
ISHARES MSCI JAPAN INDEX FUND	9,100	14.21	.896	900.90	129,311.00	Equity portfolio Symbol EWJ
ISHARES MSCI JAPAN INDEX FUND	9,350	14.21	.896	925.65	132,863.50	Equity portfolio Symbol EWJ
ISHARES MSCI EMERGING MKTS INDEX FD	850	114.17	.865	839.80	97,044.50	Equity portfolio Symbol EEM
KLA-TENCOR CORP	675	49.75	.964	324.00	33,581.25	Symbol KLAC
LEHMAN BROTHERS HOLDINGS INC	600	78.12	6.14	288.00	46,872.00	Symbol LEH
LOCKHEED MARTIN CORP	350	92.07	1.52	490.00	32,224.50	Symbol LMT
LOWES COMPANIES INC	700	31.15	.642	140.00	21,805.00	Symbol LOW
MATSUSHITA ELEC INDL ADR	1,850	20.09	.975	362.60	37,166.50	Symbol MC
MERCK & CO INC	875	43.60	3.486	1,330.00	38,150.00	Symbol MRK
MITSUBISHI UFJ FINANCIAL GROUP INC ADR	350	12.45	.578	25.20	4,357.50	Symbol MTU
MITSUBISHI UFJ FINANCIAL GROUP INC ADR	3,200	12.45	.578	230.40	39,840.00	Symbol MTU
MORGAN STANLEY	125	81.43	1.326	135.00	10,178.75	Symbol MS
MORGAN STANLEY	575	81.43	1.326	621.00	46,822.25	Symbol MS
MOTOROLA INC DE	1,800	20.58	.972	360.00	37,008.00	Symbol MOT
NISSAN MTR LTD SPONS ADR	250	24.27	1.911	116.00	6,067.50	Symbol NSANY
NISSAN MTR LTD SPONS ADR	1,700	24.27	1.911	788.80	41,250.00	Symbol NSANY
NOMURA HOLDINGS INC ADR	225	18.94	2.217	94.50	4,261.50	Symbol NMR
NOMURA HOLDINGS INC ADR	1,300	18.94	2.217	546.00	24,622.00	Symbol NMR
NUCOR CORP	750	54.68	.731	300.00	40,995.00	Symbol NUE
OCCIDENTAL PETROLEUM CORP DEL	150	48.83	1.802	132.00	7,324.50	Symbol OXY
OCCIDENTAL PETROLEUM CORP DEL	850	48.83	1.802	748.00	41,505.50	Symbol OXY
PHELPS DODGE CORP	350	119.72	.668	280.00	41,902.00	Symbol PD
PROCTER & GAMBLE CO	50	64.27	1.929	62.00	3,213.50	Symbol PG
PROCTER & GAMBLE CO	350	64.27	1.929	434.00	22,494.50	Symbol PG
RIO TINTO PLC-GBP	150	212.40	1.534	480.00	31,873.50	Symbol RTP

Berkley 50 of 74

citigroup
SMITH BARNEY

Member: Shelley Berkley

Prime Broker Statement

December 1 - December 31, 2006

Ref:

DR. LAWRENCE LEHRNER, TTEE *Account number:*

Stocks *continued*

Common stocks - long	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Comment
ROYAL DUTCH SHELL PLC ADR CL A	50	$ 70.79	3.128%	$ 110.75	$ 3,530.50	Symbol: RDSA
ROYAL DUTCH SHELL PLC ADR CL A	750	70.79	3.128	1,661.25	53,092.50	Symbol: RDSA
SAN PAOLO-IMI SPA SPON ADR	200	46.43	2.285	212.20	9,286.00	Symbol: IMI
SAN PAOLO-IMI SPA SPON ADR	725	46.43	2.285	769.23	33,661.75	Symbol: IMI
~~SCHLUMBERGER LTD~~	~~900~~	~~63.16~~	~~.791~~	~~450.00~~	~~56,844.00~~	~~Symbol: SLB~~
SELECT SECTOR SPDR UTILITIES	3,100	36.72	3.662	4,169.50	113,832.00	Equity portfolio Symbol: XLU
SIEMENS A G SPONS ADR	375	98.55	1.489	550.50	36,956.25	Symbol: SI
SIEMENS A G SPONS ADR	300	98.55	1.489	440.40	29,565.00	Symbol: SI
SONY CORP SPON ADR NEW	550	42.83	.468	110.00	23,556.50	Symbol: SNE
TALISMAN ENERGY INC	1,275	16.90	.782	160.58	21,652.25	Symbol: TLM
TEXAS INSTRUMENTS INC	700	28.80	.555	112.00	20,160.00	Symbol: TXN
TEXAS INSTRUMENTS INC	1,050	28.80	.555	168.00	30,240.00	Symbol: TXN
TOTAL S A SPONS ADR	50	71.92	1.308	47.05	3,596.00	Symbol: TOT
TOTAL S A SPONS ADR	700	71.92	1.308	658.70	50,344.00	Symbol: TOT
UNITED TECHNOLOGIES CORP	700	62.52	1.885	742.00	43,764.00	Symbol: UTX
VANGUARD REIT ETF	850	77.00	5.885	3,852.20	65,450.00	Equity portfolio Symbol: VNQ
WINDSTREAM CORP	387	14.22	7.032	387.00	5,503.14	Symbol: WIN
Total stocks - Long				$ 46,939.39	$ 2,988,852.89	

TRANSACTION DETAILS *All transactions appearing are based on trade-date*

Withdrawals

Date	Description	Reference no	Amount	Date	Description	Reference no	Amount
			0.00				

Interest charged on loans

Date	Description	Amount

192

Berkley 51 of 74

citigroup
SMITH BARNEY

Member: Shelley Berkley

Prime Broker Statement
Forms 1099 for 2006

DR. LAWRENCE LEHRNER, TTEE
Account Number

Payer *Your Financial Advisor*

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 2006

(OMB# 1545-0715)

Gross proceeds from each transaction are individually reported to the IRS after deducting commissions. For bond transactions, accrued income is also deducted. Taxable accrued interest is reported on Form 1099-INT and included in your "Details of 1099 Reported Interest Income"

Reference number	Date of sale or exchange (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 7)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120000600	02/01/06	020002101000	875	ALLSTATE CORP	$ 52.187	$ 35,183.27	
120000700	01/17/06	025816100000	525	AMERICAN EXPRESS CO	53.001	27,798.42	
120000800	01/17/06	028874107000	600	AMERICAN INTL GROUP INC	68.93	41,326.01	
120001000	05/11/06	032511107000	200	ANADARKO PETROLEUM CORP	107.400	21,456.14	
120001300	02/02/06	038222105000	1,500	APPLIED MATERIALS INC DELAWARE	18.049	28,497.62	
120001600	06/20/06	041232100001	18	ARKEMA SPONSORED ADR	35.17	618.04	
120001900	07/18/06	054536107001		AXA S.A.SPONS ADR		123.05	
120002000	07/18/06	054536107001		AXA S.A.SPONS ADR		399.91	
120002200	02/10/06	05577E101001	825	BT GROUP PLC ADR USD	37.002	30,544.21	
120002400	01/05/06	122014103000	350	BURLINGTON RES INC	87.175	30,485.38	
120002900	02/02/06	149123101000	575	CATERPILLAR INC	68.385	39,291.70	
120003000	01/26/06	166764100000	550	CHEVRON CORP	60.554	33,276.39	
120003200	01/17/06	17275R102000	1,875	CISCO SYS INC	18.643	34,861.36	
120003300	01/26/06	24702R101000	1,025	DELL INC	29.241	29,920.48	
120003500	01/17/06	254687106000	1,625	WALT DISNEY CO	25.466	41,300.37	

Berkley 52 of 74

citigroup
SMITH BARNEY

Member: Shelley Berkley

Prime Broker Statement
Forms 1099 for 2006

Ref:

DR. LAWRENCE LEHRNER, TTEE

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 2006 - *continued*

(OMB# 1545-0715)

Reference number	Date of sale or exchange (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 7)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120003000	08.20.06	268648102000	2.600	EMC CORP/MASS	$ 11.637	$ 30,180.83	
120003800	01.20.06	30231G102000	675	EXXON MOBIL CORP	60.051	40,499.70	
120004300	02.02.06	458140100000	1.475	INTEL CORP	21.301	31,344.00	
120004400	01.26.06	459200101000	325	INTL BUSINESS MACHINES CORP	81.089	26,328.28	
120004500	05.11.06	464286848000	1.450	ISHARES MSCI JAPAN INDEX FUND	15.008	21,819.00	
120004700	08.19.06	478160104000	450	JOHNSON & JOHNSON	61.353	27,583.00	
120004800	03.28.06	524908100000	175	LEHMAN BROTHERS HOLDINGS INC	145.779	25,488.86	
120005000	02.02.06	548661107000	200	LOWES COMPANIES INC	63.788	12,732.20	
120005300	01.17.06	594918104000	800	MICROSOFT CORP	27.042	21,593.09	
120005800	01.26.06	68389X105000	2.900	ORACLE CORP	12.482	36,051.97	
120006200	01.26.06	78462F103000	675	UTS SPDR TRUST SER 1	127.204	85,826.31	
120006300	01.26.06	80105N105001	928	SANOFI-AVENTIS SPONS ADR	45.625	42,267.23	
120007000	02.02.06	887317105000	1.500	TIME WARNER INC	18.237	27,280.41	
Totals						$ 824,107.90	

Berkley 53774

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Prime Broker Statement
2006 Year End Summary

Ref

DR. LAWRENCE LEUBNER, TTEE

We are pleased to provide you with this overview of activity in your account this year.
This information will help you understand the performance of your investments and manage your account with the assistance of your Financial Advisor. This information is not provided to the IRS.

Value of your portfolio

Description		Amount
Combined account balance		$ 500,948.50
Stocks - Long		2,988,652.89
Value of your account on 12/31/06		$ 2,487,704.39
Value of your account on 12/31/06	$ 2,437,777.03	

Interest you paid 2006

Description	Amount
Margin loan	$ 14,523.98

Earnings summary 2006

Due to IRS reporting requirements, these figures may not be the same as totals reported on your monthly statement.

Description	1099 Reported	1099 Exempt	Total
Other dividends **	$ 2,933.95		$ 2,933.95
Qualified dividends	49,458.94		49,458.94
Totals	$ 52,392.89		$ 52,392.89

** If you received money funds earnings, capital gain distributions or non-taxable distributions, they are included in this amount.

Additional summary information 2006

Description	Amount
Substitute Payments in lieu of dividends *	$ 929.94
Total Additional Income	$ 929.94

* Reported to the IRS on Form 1099-MISC

Summary of miscellaneous tax withheld 2006

The following taxes have been withheld in compliance with U.S. federal or foreign regulations

Description	Amount
Foreign tax paid	$ 4,305.74
Total	$ 4,305.74

2006 YEAR END SUMMARY

citigroup
SMITH BARNEY

Member: Shelley Berkley
Prime Broker Statement
2006 Year End Summary

Ref

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2006, Boxes 1a - 2d

The following details show how we derived your total dividends reported on Form 1099-DIV. Amount displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150000100	*** UBS AG CHF THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	$ 880.50		$ 880.50				
150000200	AETNA INC NEW	24.00		24.00				
150000300	ALLSTATE CORP	216.00		216.00				
150000400	ALLTEL CORP DELAWARE	498.02		498.02				
150000500	AMERICAN EXPRESS CO	63.00		63.00				
150000600	AMERIPRISE FINANCIAL INC	211.20		211.20				
150000700	ANADARKO PETROLEUM CORP	324.00		324.00				
150000800	*** ANGLO AMERICAN PLC SP ADR	672.00		672.00				
150000900	*** ASTRAZENECA PLC SPON ADR	951.75		951.75				
150001000	*** AXA S A SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	980.98		980.98				
150001100	*** BASF AG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,457.16		1,457.16				
150001200	*** BT GROUP PLC ADR USD	618.24		618.24				
150001300	BAKER HUGHES INC	481.00		481.00				
150001400	*** BANCO SANTANDER CENT HISPANO S ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,979.63		1,979.63				
150001500	*** BHP BILLITON LTD SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	635.29		635.29				
150001600	BURLINGTON RES INC	35.00		35.00				
150001700	*** CADBURY SCHWEPPES PLC ADR	563.16		563.16				

2006 YEAR END SUMMARY

Berkley 55 of 74

citigroup
SMITH BARNEY

Member: Shelley Berkley
Prime Broker Statement
2006 Year End Summary

Ref

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2006, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150001800	*** CANADIAN NATL RAILWAY CO THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 370.38		$ 370.38				
150001900	*** CANADIAN NATURAL RES LTD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	80.11		80.11				
150002000	CATERPILLAR INC	996.25		996.25				
150002100	*** CHINA MOBILE LTD SPONSORED ADR	1,029.05		1,029.05				
150002200	CONOCOPHILLIPS	972.00		972.00				
150002300	*** CREDIT SUISSE GROUP ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,812.15		1,812.15				
150002400	DEVON ENERGY CORP NEW	225.00		225.00				
150002500	WALT DISNEY CO	438.75		438.75				
150002600	*** E ONAG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	3,109.05		3,109.05				
150002700	*** ENCANA CORP-CAD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	215.63		215.63				
150002800	FEDEX CORP	153.00		153.00				
150002900	GENERAL ELECTRIC CO	700.00		700.00				
150003000	*** GLAXOSMITHKLINE PLC SP ADR	1,108.50		1,108.50				
150003100	GOLDMAN SACHS GROUP INC	455.00		455.00				
150003200	*** HITACHI LTD ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	480.08		480.08				
150003300	HONEYWELL INTL INC	499.16		499.16				
150003400	ILLINOIS TOOL WORKS INC	493.50		493.50				
150003500	*** ING GROEP NV SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,587.50		1,587.50				

2006 YEAR END SUMMARY

2006 YEAR END SUMMARY

Berkley Sp 9 of 14

citigroup
SMITH BARNEY

Member: Shelley Berkley
Prime Broker Statement
2006 Year End Summary

Ref

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2006, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectables (28%) gain (Box 2d)
150003600	ISHARES MSCI JAPAN INDEX FUND THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	$ 1,011.13		$ 1,011.13				
150003700	SHARES MSCI EMERGING MKTS INDEX FD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	1,515.60		1,515.60				
150003800	JOHNSON & JOHNSON	317.25		317.25				
150003900	KLA TENCOR CORP	324.00		324.00				
150004000	LEHMAN BROTHERS HOLDINGS INC	330.00		330.00				
150004100	LOCKHEED MARTIN CORP	437.50		437.50				
150004200	LOWES COMPANIES INC	124.00		124.00				
150004300	*** MATSUSHITA ELEC INDL ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	389.74		389.74				
150004400	MERCK & CO INC	750.50		750.50				
150004500	*** MITSUBISHI UFJ FINANCIAL GROUP INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	269.69		269.69				
150004600	MORGAN STANLEY	756.00		756.00				
150004700	MOTOROLA INC DE	324.00		324.00				
150004800	*** NISSAN MTR LTD SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	973.75		973.75				
150004900	*** NOMURA HOLDINGS INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	690.15		690.15				
150005000	NUCOR CORP	1,162.50		1,162.50				
150005100	OCCIDENTAL PETROLEUM CORP DEL	760.00		760.00				
150005200	PHELPS DODGE CORP	1,675.63		1,675.63				

Berkley 57 of 74

citigroup
SMITH BARNEY

Member: Shelley Berkley
Prime Broker Statement
2006 Year End Summary

Ref:

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2006, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends Dividends* (Box 1a)	Total Ordinary Dividends Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150005300	PROCTER & GAMBLE CO	$ 484.00		$ 484.00				
150005400	*** RIO TINTO PLC GBP	1,149.00		1,149.00				
150005500	*** ROYAL DUTCH SHELL PLC ADR CL A THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,957.72		1,957.72				
150005600	*** SAN PAOLO-IMI SPA SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,344.91		1,344.91				
150005700	*** SCHLUMBERGER LTD	432.00		432.00				
150005800	SELECT SECTOR SPDR UTILITIES A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	3,472.99		3,472.99				
150005900	*** SIEMENS A G SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	615.00		615.00				
150006000	*** SONY CORP SPON ADR NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	119.18		119.18				
150006100	*** TALISMAN ENERGY INC THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	85.84		85.84				
150006200	TEXAS INSTRUMENTS INC	227.50		227.50				
150006300	*** TOTAL S.A SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,666.78		1,666.78				
150006400	UNITED TECHNOLOGIES CORP	710.50		710.50				

2006 YEAR END SUMMARY

Berkley 58 of 74

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Prime Broker Statement
2006 Year End Summary

Ref:

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2006, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends* (Box 1a)	Total Ordinary Dividends* Short term capital gain* (Box 1a)	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150000500	VANGUARD REIT ETF	$ 2,459.06			$ 306.85			
150006600	WINDSTREAM CORP	78.95		78.95				
Totals		**$ 51,917.99**		**$ 48,468.94**	**$ 306.85**			

* *The total of these two categories equals the amount reported in Form 1099-DIV, Box 1a*

Please note

- *"Dividends" includes both Qualified and non-qualified dividends received*
- *"Total capital gain distributions" is a total of long term capital gain distributions and the amounts reported in Boxes 2b through 2d*

Details of 1099 Reported Dividends and Distributions 2006, Boxes 3 - 9

The following details show how we derived your total dividends reported on Form 1099-DIV. Amount displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received

Reference number	Description	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)
150000100	*** UBS AG CHF THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	$ 168.05			$ 308.18		
150001000	*** AXA S A SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				240.25		
150001100	*** BASF AG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				307.46		

2006 YEAR END SUMMARY

200

Berkley 59 of 74

citigroup
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Prime Broker Statement
2006 Year End Summary

Ref:

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2006, Boxes 3 - 9 - *continued*

Reference number	Description	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)
150001400	*** BANCO SANTANDER CENT HISPANO S ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				1 296.94		
150001500	*** BHP BILLITON LTD SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				95.29		
150001800	*** CANADIAN NATL RAILWAY CO THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				55.56		
150001900	*** CANADIAN NATURAL RES LTD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				13.30		
150002300	*** CREDIT SUISSE GROUP ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				271.82		
150002600	*** E ONAG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				656.07		
150002700	*** ENCANA CORP-CAD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				32.36		
150003200	*** HITACHI LTD-ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				33.61		
150003500	*** ING GROEP NV SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				322.77		
150003600	ISHARES MSCI JAPAN INDEX FUND THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED				106.05		

2006 YEAR END SUMMARY

Details of 1099 Reported Dividends and Distributions 2006, Boxes 3 - 9 - *continued*

Reference number	Description	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)
150003700	ISHARES MSCI EMERGING MKTS INDEX FD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED				$ 178.96		
150004300	*** MATSUSHITA ELEC INDL ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				27.28		
150004500	*** MITSUBISHI UFJ FINANCIAL GROUP INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				18.87		
150004800	*** NISSAN MTR LTD SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				68.17		
150004900	*** NOMURA HOLDINGS INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				48.30		
150005500	*** ROYAL DUTCH SHELL PLC ADR CL A THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				293.67		
150005600	*** SAN PAOLO-IMI SPA SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				363.12		
150006900	*** S EMENS A G SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				129.79		
150008000	*** SONY CORP SPON ADR-NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				8.34		

2006 YEAR END SUMMARY

Details of 1099 Reported Dividends and Distributions 2006, Boxes 3 - 9 - *continued*

Reference number	Description	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)
150006100	*** TALISMAN ENERGY INC THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				$ 12.88		
150006300	*** TOTAL S A SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT				416.70		
Totals		$ 168.05			$ 4,305.74		

Details of Additional Summary Information 2006

Substitute Payments in lieu of dividends

The following details show how we derived your total substitute payments in lieu of dividends reported on Form 1099-MISC.

Reference number	Description	Amount	Federal income tax withheld	NRA tax withheld
100000100	ISHARES MSCI JAPAN INDEX FUND THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	$ 929.94		
Totals		$ 929.94		

Details of Short Term Gain (Loss) 2006

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than $20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000500	1,500	APPLIED MATERIALS INC DELAWARE CTSY INSTINET CLEARING SERVICE PRIN INCL COMM OF 60.00 AND SEC FEE OF 0.88	09 26 05	02 02 06	$ 28,497.62	$ 25,482.30		$ 3,015.32
125000000	850	AXA S A SPONS ADR SALE OF RTS ON 850.0000 SHS RECORD 06 21 06 PAY 07 10 06	06 21 06	07 18 06	309.91	.01		309.90

2006 YEAR END SUMMARY

Berkley 62 of 74

citigroup
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Prime Broker Statement
2006 Year End Summary

Ref

DR. LAWRENCE LEHRNER, TTEE

2006 YEAR END SUMMARY

Details of Short Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125001000	200	AXA S.A.SPONS ADR SALE OF RTS ON 200.0000 SHS RECORD 08.21.06 PAY 07.10.06	06.21.06	07.18.06	$ 123.05	$ .01		$ 123.04
125001200	350	BURLINGTON RES INC	11.04.05	01.05.06	30,485.38	25,417.85		5,067.53
125001500	225	CISCO SYS INC	09.07.05	01.17.06	4,183.36	4,151.15		32.21
	1,650	TRADE AS OF 01.17.06	09.07.05		30,678.00	30,348.79		331.21
125001900	675	EXXON MOBIL CORP	11.03.05	01.26.06	40,499.70	39,551.49		948.21
125002100	50	INTL BUSINESS MACHINES CORP	03.07.05	01.26.06	4,050.50	4,636.55	(586.05)	
	275		03.07.05		22,277.78	25,388.53	(3,110.75)	
125002800	675	UTS SPDR TRUST SER 1	12.13.05	01.26.06	85,826.31	85,712.66		113.65
125003000	1,500	TIME WARNER INC	03.09.05	02.02.06	27,280.41	26,328.30		952.11
Total					$ 274,302.02	$ 267,018.64	($ 3,696.80)	$ 10,983.18

Details of Long Term Gain (Loss) 2006

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than $20 is not included on Form 1099-B (if applicable), it is included in this section. Please note: this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000100	675	ALLSTATE CORP CTSY LEHMAN BROTHERS INC PRIN INCL COMM OF 27.00 AND SEC FEE OF 1.09	09.06.02	02.01.06	$ 35,183.27	$ 25,264.10		$ 9,919.17
125000200	525	AMERICAN EXPRESS CO TRADE AS OF 01.17.06	05.17.04	01.17.06	27,798.42	22,351.25		5,447.17
125000300	50	AMERICAN INTL GROUP INC	09.24.02	01.17.06	3,443.91	2,772.64		671.27
	300	TRADE AS OF 01.17.06	09.24.02		20,663.45	16,510.84		4,152.61
	250		05.28.04		17,219.55	18,310.78	(1,091.23)	
125000400	75	ANADARKO PETROLEUM CORP	09.05.02	05.11.06	8,046.05	3,276.00		4,770.05
	125	WITH DUE BILL SPLIT 2:1	09.05.02		13,410.09	5,438.57		7,971.52
125000600	1.2	ARKEMA SPONSORED ADR	09.24.02	06.20.06	41.20	23.14		18.06
	16.8		09.24.02		576.84	321.14		255.70

Berkley 63 of 74

citigroup
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Prime Broker Statement
2006 Year End Summary

Ref

DR. LAWRENCE LEHRNER, TTEE

2006 YEAR END SUMMARY

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000700	.0333	ARKEMA SPONSORED ADR	09 24 02	06 20 06	$ 1.10	$ .64		$ .46
	.4667	CASH IN LIEU OF 50000	09 24 02		15.40	8.92		6.48
		RECORD 05 17 06 PAY 05 22 06						
125000800	.0167	ARKEMA SPONSORED ADR	09 24 02	06 20 06	.55	33		22
	.2333	CASH IN LIEU OF 25000	09 24 02		7.70	4.58		3.12
		RECORD 05 17 06 PAY 05 22 06						
125001100	75	BT GROUP PLC ADR-USD	09 17 02	02 10 06	2,776.75	2,301.89		474.86
	700	CTSY UBS FINANCIAL SERVICES IN	09 17 02		25,916.30	21,359.26		4,557.04
	50	PRIN INCL COMM OF 41.25	02 04 05		1,851.16	1,992.55	(141.39)	
		AND SEC FEE OF 0.94						
125001300	150	CATERPILLAR INC	09 09 02	02 02 06	10,250.01	3,254.35		6,995.66
	425		09 09 02		29,041.69	9,160.45		19,881.24
125001400	50	CHEVRON CORP	04 23 04	01 26 06	3,026.13	2,303.70		722.43
	500		04 23 04		30,251.26	22,902.00		7,349.26
125001600	150	DELL INC	09 13 02	01 26 06	4,378.60	4,008.09		370.51
	875		09 13 02		25,541.86	23,308.03		2,233.83
125001700	1,450	WALT D SNEY CO	10 02 02	07 17 06	36,852.64	23,536.55		13,316.09
	175	TRADE AS OF 01 17 06	10 07 02		4,447.73	2,547.10		1,900.63
125001800	2,800	EMC CORP/MASS	09 09 02	06 20 06	30,189.83	16,009.46		14,090.37
		CTSY MORGAN STANLEY & CO. INC						
		PRIN INCL COMM OF 52.00						
		AND SEC FEE OF 0.93						
125002000	175	INTEL CORP	08 29 02	02 02 06	3,718.90	3,029.01		689.89
	1,300		08 29 02		27,626.00	22,404.77		5,221.32
125002200	450	ISHARES MSCI JAPAN INDEX FUND	06 24 04	05 11 06	6,771.41	4,397.96		2,373.45
	1,000	CTSY LEHMAN BROTHERS INC	05 24 04		15,047.59	9,742.87		5,304.72
		PRIN INCL COMM OF 58.00						
		AND SEC FEE OF 0.68						
125002300	50	JOHNSON & JOHNSON	09 24 02	06 19 06	3,064.78	2,696.93		367.85
	400		09 24 02		24,518.22	21,400.44		3,117.78
125002400	75	LEHMAN BROTHERS HOLDINGS INC	09 09 02	03 28 06	10,923.71	4,203.92		6,719.79
	100	CTSY MERRILL LYNCH PIERCE FENN	09 09 02		14,564.95	5,587.84		8,977.11
		PRIN INCL COMM OF 7.00						
		AND SEC FEE OF 0.79						
125002500	200	LOWES COMPANIES INC	09 03 02	02 02 06	12,732.20	8,172.24		4,559.96
125002600	800	MICROSOFT CORP	09 24 02	07 17 06	21,593.00	18,361.88		3,231.21
		TRADE AS OF 01 17 06						

2006 YEAR END SUMMARY

Berkley 64 of 74

citigroup
SMITH BARNEY

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Prime Broker Statement
2006 Year End Summary

Ref #

DR. LAWRENCE LEHRNER, TTEE

Details of Long Term Gain (Loss) 2006 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
*25002700	400	ORACLE CORP	09 25 02	01 26 06	$ 4,072.69	$ 3,398.88		$ 1,573.81
	2,500		09 25 02		31,079.28	21,164.25		9,915.03
125002900	116	SANOFI AVENTIS	08 26 04	01 26 06	5,285.90	4,081.46		1,204.44
	812	SPONS ADR	06 26 04		37,001.33	28,570.22		8,431.11
		~~CTSY PERSHING~~						
		PRIN INCL COMM OF 37.12						
125003100	7222	WINDSTREAM CORP	09 03 02	08 02 06	8.73	5.26		3.47
		CASH IN LIEU OF .72225						
		RECORD 07 12 06 PAY 07 17 06						
Total					$ 549,839.36	$ 384,274.29	($ 1,232.82)	$ 166,797.08

Details of Deposits and Withdrawals 2006

This section reflects any deposits or withdrawals made to your account during the year.

Deposits

Reference number	Date	Description	Amount
210000100	01.04.06	DEPOSIT RECEIVED AT 00530 - MENLO PARK CA	$ 25,000.00
210000300	03.29.06	SANOFI-AVENTIS SPONS ADR TAX REFUND OF .013039 PAID RC DT 06 06 05 PAY DT 07 01 05	10.59
210000500	08.08.06	NOMURA HOLDINGS INC ADR .0018 ADR FEE CHARGED FOR RC DT 03 30 06 PAY DT 06 12 06	2.34
210000200	03 29.06	SANOFI-AVENTIS SPONS ADR TAX REFUND OF .013039 PAID RC DT 06.06.05 PAY DT 07.01.05	$ 1.51
210000400	06 08.06	NOMURA HOLDINGS INC ADR .0018 ADR FEE CHARGED FOR RC DT 03 30 06 PAY DT 06 12 06	.41
210000600	06 08 06	BASF AG SPONS ADR TAX REFRUND OF .126151 FOR RC DT 04 08 05 PAY DT 05 09 05 X-D 04 26 05	66.23

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Fidelity INVESTMENTS

NEPHROLOGY & ENDOCRINE ASSOCIATES 401(K) PLAN

LAWRENCE LEHRNER

Retirement Savings Statement

Your Account Summary

Statement Period: 10/01/2006 to 12/31/2006

Beginning Balance	**$405,127.89**
Your Contributions	$7,576.85
Fees	-$7.50
Change in Market Value	$20,339.71
Ending Balance	**$433,036.95**
Additional Information	
Vested Balance	$433,036.95
Dividends & Interest	$15,494.18

Your Personal Rate of Return

This Period	**5.0%**

Your Personal Rate of Return is calculated with a time-weighted formula, widely used by financial analysts to calculate investment earnings. It reflects the results of your investment selections as well as any activity in the plan account(s) shown. There are other Personal Rate of Return formulas used that may yield different results. Remember that past performance is no guarantee of future results.

Your Asset Allocation

Statement Period: 10/01/2006 to 12/31/2006

Why is This Important?

e-Learning: Learn about asset allocation.

Berkley 65 of 74

LEHRNER, LAWRENCE

Member: Shelley Berkley

■ 53.78% Stock Investments: $232,900.94

■ 46.22% Bond Investments: $200,136.01

Your account is allocated among the asset classes specified above as of 12/31/2006. Percentages and totals may not be exact due to rounding.

Market Value of Your Account

Statement Period: 10/01/2006 to 12/31/2006

Displayed in this section is the value of your account for the statement period, in both shares and dollars.

Investment	Shares as of 09/30/2006	Shares as of 12/31/2006	Price as of 09/30/2006	Price as of 12/31/2006	Market Value as of 09/30/2006	**Market Value as of 12/31/2006**
Stock Investments					**$211,241.17**	**$232,900.94**
Large Cap						
FID Contrafund	969.370	1,070.789	$66.55	$65.20	$64,511.57	$69,815.44
International						
FID Diversified Intl	2,014.080	2,204.382	$36.31	$36.95	$73,131.24	$81,449.90
Specialty						
FID Real Estate Invs	2,155.781	2,244.612	$34.14	$36.37	$73,598.36	$81,636.54
Bond Investments					**$193,886.72**	**$200,136.01**
Stable Value						
FID MGD Inc Port	132,244.490	136,684.070	$1.00	$1.00	$132,244.49	$136,684.07
Income						
Fidelity US BD Index	5,670.858	5,842.720	$10.87	$10.86	$61,642.23	$63,451.94
Account Totals					**$405,127.89**	**$433,036.95**

Remember that a dividend payment to fund shareholders reduces the share price of the fund, so a decrease in the share price for the statement period does not necessarily reflect lower fund performance.

Your Contribution Elections as of

As of 03/17/2007

This section displays the funds in which your future contributions will be invested.

Berkley 60 of 74

Member Shelley Berkley

Larry Lehrner

Nephrology 401(K)

History > Transaction History >

Transaction History Results

Change Time Period

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History Period: [illegible]

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Transaction History:

Date	Investment	Transaction	$ Amount	# Shares or Units
12/29/2006	FIDELITY US BD INDEX	Dividends	$249.58	22.705
12/29/2006	FIDELITY US BD INDEX	Contribution	$900.00	82.873
12/29/2006	FID REAL ESTATE INVS	Contribution	$900.00	24.745
12/29/2006	FID MGD INC PORT	Dividends	$485.13	485.130
12/29/2006	FID MGD INC PORT	Contribution	$2,400.00	2,400.000
12/29/2006	FID DIVERSIFIED INTL	Contribution	$900.00	24.357
12/29/2006	FID CONTRAFUND	Contribution	$900.00	13.804
12/28/2006	FID REAL ESTATE INVS	Dividends	$44.17	1.220
12/22/2006	FID CONTRAFUND	Dividends	$5,447.88	84.150
12/15/2006	FID REAL ESTATE INVS	Dividends	$2,054.29	56.235
12/08/2006	FID DIVERSIFIED INTL	Dividends	$5,798.73	159.481
11/30/2006	FIDELITY US BD INDEX	Dividends	$239.92	21.850
11/30/2006	FID MGD INC PORT	Dividends	$458.32	458.320
11/17/2006	FIDELITY US BD INDEX	Contribution	$40.37	3.700
11/17/2006	FID REAL ESTATE INVS	Contribution	$40.38	1.123
11/17/2006	FID MGD INC PORT	Contribution	$107.55	107.550
11/17/2006	FID DIVERSIFIED INTL	Contribution	$40.37	1.052
11/17/2006	FID CONTRAFUND	Contribution	$40.37	0.574
11/01/2006	FID MGD INC PORT	Fees	-$7.50	-7.500
10/31/2006	FIDELITY US BD INDEX	Dividends	$249.07	22.595
10/31/2006	FID MGD INC PORT	Dividends	$472.80	472.800
10/23/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.090
10/23/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.708
10/23/2006	FID MGD INC PORT	Contribution	$261.54	261.540
10/23/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.531
10/23/2006	FID CONTRAFUND	Contribution	$98.08	1.427
10/06/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.048
10/06/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.799
10/06/2006	FID MGD INC PORT	Contribution	$261.54	261.540
10/06/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.591
10/06/2006	FID CONTRAFUND	Contribution	$98.08	1.464
09/30/2006	FIDELITY US BD INDEX	Dividends	$232.98	21.434
09/30/2006	FID MGD INC PORT	Dividends	$441.85	441.850
09/20/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.005
09/20/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.859
09/20/2006	FID MGD INC PORT	Contribution	$261.54	261.540
09/20/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.737
09/20/2006	FID CONTRAFUND	Contribution	$98.08	1.490
09/08/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.073
09/08/2006	FID REAL ESTATE INVS	Dividends	$6,848.59	204.374
09/08/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.927
09/08/2006	FID MGD INC PORT	Contribution	$261.54	261.540
09/08/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.744
09/08/2006	FID CONTRAFUND	Contribution	$98.08	1.505
08/31/2006	FIDELITY US BD INDEX	Dividends	$240.19	22.198

Berkley 67 of 74

Member: Shelley Berkley

Larry Lehrner

08/31/2006	FID MGD INC PORT	Dividends	$454.00	454.000
08/30/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.081
08/30/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.675
08/30/2006	FID MGD INC PORT	Contribution	$261.54	261.540
08/30/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.599
08/30/2006	FID CONTRAFUND	Contribution	$98.08	1.491
08/09/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.141
08/09/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.794
08/09/2006	FID MGD INC PORT	Contribution	$261.54	261.540
08/09/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.753
08/09/2006	FID CONTRAFUND	Contribution	$98.08	1.516
08/01/2006	FID MGD INC PORT	Fees	-$7.50	-7.500
07/31/2006	FIDELITY US BD INDEX	Dividends	$234.79	21.943
07/31/2006	FID MGD INC PORT	Dividends	$449.57	449.570
07/27/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.201
07/27/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.794
07/27/2006	FID MGD INC PORT	Contribution	$261.54	261.540
07/27/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.809
07/27/2006	FID CONTRAFUND	Contribution	$98.08	1.525
07/17/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.227
07/17/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.845
07/17/2006	FID MGD INC PORT	Contribution	$261.54	261.540
07/17/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.945
07/17/2006	FID CONTRAFUND	Contribution	$98.08	1.548
06/30/2006	FIDELITY US BD INDEX	Dividends	$224.21	21.172
06/30/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.252
06/30/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.817
06/30/2006	FID MGD INC PORT	Dividends	$413.59	413.590
06/30/2006	FID MGD INC PORT	Contribution	$261.54	261.540
06/30/2006	FID DIVERSIFIED INTL	Contribution	$98.08	2.784
06/30/2006	FID CONTRAFUND	Contribution	$98.08	1.485
06/19/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.270
06/19/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.929
06/19/2006	FID MGD INC PORT	Contribution	$261.54	261.540
06/19/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.946
06/19/2006	FID CONTRAFUND	Contribution	$98.08	1.554
06/06/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.192
06/06/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.871
06/06/2006	FID MGD INC PORT	Contribution	$261.54	261.540
06/06/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.815
06/06/2006	FID CONTRAFUND	Contribution	$98.08	1.513
06/02/2006	FID REAL ESTATE INVS	Dividends	$115.39	3.373
05/31/2006	FIDELITY US BD INDEX	Dividends	$227.32	21.425
05/31/2006	FID MGD INC PORT	Dividends	$421.48	421.480
05/18/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.209
05/18/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.985
05/18/2006	FID MGD INC PORT	Contribution	$261.54	261.540
05/18/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.739
05/18/2006	FID CONTRAFUND	Contribution	$98.08	1.505
05/09/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.218
05/09/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.818
05/09/2006	FID MGD INC PORT	Contribution	$261.54	261.540
05/09/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.535
05/09/2006	FID CONTRAFUND	Contribution	$98.08	1.402
05/01/2006	FID MGD INC PORT	Fees	-$7.50	-7.500
04/30/2006	FIDELITY US BD INDEX	Dividends	$218.32	20.451
04/30/2006	FID MGD INC PORT	Dividends	$404.94	404.940
04/19/2006	FIDELITY US BD INDEX	Contribution	$98.08	9.192
04/19/2006	FID REAL ESTATE INVS	Contribution	$98.08	2.857
04/19/2006	FID MGD INC PORT	Contribution	$261.54	261.540
04/19/2006	FID DIVERSIFIED INTL	Contribution	$98.07	2.553
04/19/2006	FID CONTRAFUND	Contribution	$98.08	1.429
04/06/2006	FIDELITY US BD INDEX	Contribution	$196.15	18.315
04/06/2006	FID REAL ESTATE INVS	Contribution	$196.15	5.580
04/06/2006	FID MGD INC PORT	Contribution	$523.08	523.080
04/06/2006	FID DIVERSIFIED INTL	Contribution	$196.14	5.304
04/06/2006	FID CONTRAFUND	Contribution	$196.16	2.898
03/31/2006	FIDELITY US BD INDEX	Dividends	$225.79	21.052
03/31/2006	FID MGD INC PORT	Dividends	$406.51	406.510
03/06/2006	FIDELITY US BD INDEX	Contribution	$196.15	18.214

Berkley 48 of 74

Member: Shelley Berkley
Larry Lehrner

03/06/2006	FID REAL ESTATE INVS	Contribution	$195 10	5 730
03/06/2006	FID MGD INC PORT	Contribution	$523 00	523 000
03/06/2006	FID DIVERSIFIED INTL	Contribution	$196 14	5 696
03/06/2006	FID CONTRAFUND	Contribution	$196 10	3 004
03/03/2006	FID REAL ESTATE INVS	Dividends	$94 98	2 824
02/28/2006	FIDELITY US BD INDEX	Dividends	$200 52	18 478
02/28/2006	FID MGD INC PORT	Dividends	$365 79	365 790
02/14/2006	FIDELITY US BD INDEX	Contribution	$98 00	9 073
02/14/2006	FID REAL ESTATE INVS	Contribution	$98 00	2 981
02/14/2006	FID MGD INC PORT	Contribution	$261 54	261 540
02/14/2006	FID DIVERSIFIED INTL	Contribution	$98 07	2 890
02/14/2006	FID CONTRAFUND	Contribution	$98 00	1 520
02/03/2006	FID CONTRAFUND	Dividends	$1 185 21	18 047
02/01/2006	FID MGD INC PORT	Fees	-$7 50	-7 500
01/31/2006	FIDELITY US BD INDEX	Dividends	$217 37	19 998
01/31/2006	FIDELITY US BD INDEX	Contribution	$98 00	9 023
01/31/2006	FID REAL ESTATE INVS	Contribution	$98 00	2 960
01/31/2006	FID MGD INC PORT	Dividends	$397 50	397 500
01/31/2006	FID MGD INC PORT	Contribution	$261 54	261 540
01/31/2006	FID DIVERSIFIED INTL	Contribution	$98 07	2 815
01/31/2006	FID CONTRAFUND	Contribution	$98 00	1 434
01/11/2006	FIDELITY US BD INDEX	Contribution	$98 00	9 005
01/11/2006	FID REAL ESTATE INVS	Contribution	$98 00	2 979
01/11/2006	FID MGD INC PORT	Contribution	$261 54	261 540
01/11/2006	FID DIVERSIFIED INTL	Contribution	$98 07	2 870
01/11/2006	FID CONTRAFUND	Contribution	$98 00	1 449
01/03/2006	FIDELITY US BD INDEX	Contribution	$1 500 00	137 353
01/03/2006	FID REAL ESTATE INVS	Contribution	$1 500 00	47 214
01/03/2006	FID MGD INC PORT	Contribution	$4 000 00	4 000 000
01/03/2006	FID DIVERSIFIED INTL	Contribution	$1 500 00	44 924
01/03/2006	FID CONTRAFUND	Contribution	$1 500 00	22 596

Questions? Ca

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Your Security

Berkley 69 of 74

Morgan Stanley

Member: Shelley Berkley

Berkley 10 of 74

ACTIVE ASSETS ACCOUNT ®

FOR YEAR ENDING DECEMBER 31, 2006

Account Number

LAWRENCE M LEHRNER TTEE

Asset Summary

	Value	% of Assets
MMF and Bank Deposits*	[illegible]	[illegible]
Stocks	[illegible]	[illegible]
Municipal Bonds	[illegible]	[illegible]
Corporate Fixed Income	[illegible]	[illegible]
Government Securities	[illegible]	[illegible]
Mutual Funds	[illegible]	[illegible]
Unit Investment Trusts	[illegible]	[illegible]
Certificates of Deposit	[illegible]	[illegible]
Annuities/ Insurance	[illegible]	[illegible]
Other	[illegible]	[illegible]
Asset Value	[illegible]	[illegible]
Cash	[illegible]	
Total Asset Value	[illegible]	

Income Summary

	Year To Date
MMF and Bank Deposits*	[illegible]
Stocks	[illegible]
Municipal Bonds	[illegible]
Corporate Fixed Income	[illegible]
Government Securities	[illegible]
Mutual Funds	[illegible]
Unit Investment Trusts	[illegible]
Certificates of Deposit	[illegible]
Other	[illegible]
Total Income	[illegible]
Taxable Income	[illegible]
Tax Exempt Income	[illegible]

*Eligible for FDIC insurance. FDIC rules apply. Not SIPC insured

Activity Summary

Total Asset Value January 01, 2006 [illegible]

Cash/Money Market Funds/Bank Deposits* Activity for 2006

Credits To Your Account	
Dividend and Interest	[illegible]
Deposits	[illegible]
Sales Proceeds/Redemptions	[illegible]
Other Credits	[illegible]
Total Credits	[illegible]
Debits To Your Account	
Checking	[illegible]
Debit Card	[illegible]
Withdrawals	[illegible]
Funds to Purchase Securities	[illegible]
Other Debits	[illegible]
Total Debits	[illegible]

Changes in Asset Value for 2006

Value of Priced Assets 1/01/06	[illegible]
Securities Bought	[illegible]
Securities Received	[illegible]
Securities Sold/Redeemed	[illegible]
Securities Delivered	[illegible]
Transactions at Fund Company	[illegible]
Change in Value of Priced Assets	[illegible]
Value of Priced Assets 12/31/06	[illegible]
Net Change In Asset Value	[illegible]
Total Asset Value as of December 31 2006	[illegible]

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

Morgan Stanley

Member: Shelley Berkley

Berkley 11/7/14

ACTIVE ASSETS ACCOUNT ®
FOR YEAR ENDING DECEMBER 31, 2006

LAWRENCE M LEHRNER TTEE
FOR THE LEHRNER FAMILY LIVING

ASSET DETAILS

Cash/Money Market Funds/Bank Deposits	Amount	Pct of Assets	Est Yrly Income	APY	Annualized 30 Day Yields
CASH	[illegible]	---	---	---	---
ACTIVE ASSETS MONEY FUND	[illegible]	[illegible]	[illegible]	---	[illegible]
Total Money Market Funds	[illegible]	[illegible]	[illegible]	---	---
BANK DEPOSIT PROGRAM #				[illegible]	
MORGAN STANLEY BANK	[illegible]	[illegible]	---	---	---
Total Bank Deposits	[illegible]	[illegible]	---	---	---
Total Cash/MMF/Bank Deposits	[illegible]	[illegible]	[illegible]	---	---
Net Change Since January 1, 2006	[illegible]				

Bank Deposits are at Morgan Stanley Bank and Discover Bank (Members FDIC), affiliates of Morgan Stanley DW Inc. Bank deposits are eligible for FDIC insurance up to applicable limits. Not SIPC insured

The Bank Deposit Program APY represents the applicable rate in effect for your deposits at the statement ending date. This APY may be different than the APY that was in effect during the statement period. For current Bank Deposit Program or Money Market Fund yields, go to http://www.morganstanleyindividual.com/accountoptions/activeassets/investmentfeatures.

Stocks		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
Common Stocks								
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	STANDARD & [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Next Dividend Payable [illegible]
Total Stocks			[illegible]	[illegible]	[illegible]	[illegible]		
Net Change Since January 1, 2006			[illegible]					

Asset Summary	Value	Est Yrly Income
Total Asset Value	[illegible]	[illegible]
Total Net Change in Priced Assets Since January 1, 2006	[illegible]	

Morgan Stanley

Member: Shelley Berkley

Berkley 72 of 74

ACTIVE ASSETS ACCOUNT ®
FOR YEAR ENDING DECEMBER 31, 2006

LAWRENCE M LEHRNER TTEE
FOR THE LEHRNER FAMILY LIVING

CREDITS TO YOUR ACCOUNT

Dividends and Interest

Activity	Description	Amount	Income Category
Dividend	[illegible]	[illegible]	MMF and Bank Deposits
Dividend	[illegible]	[illegible]	Stocks
Dividend	[illegible]	[illegible]	Stocks
Dividend	[illegible]	[illegible]	Stocks
	Total Stocks	[illegible]	
Taxable Interest	MORGAN STANLEY BANK	[illegible]	MMF and Bank Deposits
	Total Dividends and Interest	[illegible]	

Total Credits To Your Account [illegible]

DEBITS TO YOUR ACCOUNT

Other Debits

Date	Activity	Description	Amount	Additional Information
[illegible]	Fee/Chg	ASS ANNUAL SERVICE FEE	[illegible]	
		Total Other Debits	[illegible]	

Total Debits To Your Account [illegible]

Messages

Please note that sell trades executed, checks written and debit card transactions made in 2006, and which settle early in 2007, will be reflected as 2006 transactions under the Assets, Checking and Debit Card sections of the Activity Details portion of the statement.

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

Member: Shelley Berkley Berkley 73 of 74

Morgan Stanley

Tax Year 2006

LAWRENCE M LEHRNER TTEE

1099-DIV DIVIDENDS & DISTRIBUTIONS

Total Ordinary Dividends

DESCRIPTION	PAY DATE	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	FEDERAL INCOME TAX WITHHELD	NOTES
ACTIVE ASSETS MONEY TRUST	12/31/06	$41.95	$0.00	$0.00	
ISHARES S&P MIDCAP 400 INDEX	03/31/06	$17.80	$16.42	$0.00	
ISHARES S&P MIDCAP 400 INDEX	06/29/06	$19.44	$17.93	$0.00	
ISHARES S&P MIDCAP 400 INDEX	10/03/06	$19.89	$18.34	$0.00	
ISHARES S&P MIDCAP 400 INDEX	12/28/06	$26.03	$24.00	$0.00	
ISHARES SP SMALLCAP 600 INDEX	03/31/06	$12.16	$11.36	$0.00	
~~ISHARES SP SMALLCAP 600 INDEX~~	~~06/29/06~~	~~$10.90~~	~~$10.10~~	~~$0.00~~	
ISHARES SP SMALLCAP 600 INDEX	10/03/06	$13.08	$12.22	$0.00	
ISHARES SP SMALLCAP 600 INDEX	12/28/06	$16.75	$15.65	$0.00	
STANDARD & POORS DEP RECPTS	04/28/06	$26.49	$26.49	$0.00	
STANDARD & POORS DEP RECPTS	07/31/06	$28.33	$28.33	$0.00	
STANDARD & POORS DEP RECPTS	10/31/06	$29.55	$29.55	$0.00	
STANDARD & POORS DEP RECPTS	01/31/07	$40.43	$40.43	$0.00	OS
Total Ordinary Dividends 1099-DIV box 1a		**$302.80**			
Total Qualified Dividends 1099-DIV box 1b			**$250.91**		
Total Federal Income Tax Withheld 1099-DIV box 4				**$0.00**	

Non-Dividend Distributions

DESCRIPTION	PAY DATE	AMOUNT
ISHARES SP SMALLCAP 600 INDEX	03/31/06	$0.45
ISHARES SP SMALLCAP 600 INDEX	06/29/06	$0.45
ISHARES SP SMALLCAP 600 INDEX	10/03/06	$0.45
ISHARES SP SMALLCAP 600 INDEX	12/28/06	$0.45
Total Non-Dividend Distributions 1099-DIV box 3		**$1.80**

OS The fund company has determined that this dividend payment which you received in 2007 is reportable as taxable income for 2006.

Morgan Stanley

Tax Year 2006

Member: Shelley Berkley Berkley 74 of 74

LAWRENCE M LEHRNER TTEE

1099-INT INTEREST INCOME

Interest Income

DESCRIPTION	PAY DATE	AMOUNT	FEDERAL INCOME TAX WITHHELD
MORGAN STANLEY BANK	01/30/06	$0.10	$0.00
MORGAN STANLEY BANK	02/27/06	$0.20	$0.00
MORGAN STANLEY BANK	03/30/06	$0.23	$0.00
MORGAN STANLEY BANK	04/27/06	$0.29	$0.00
MORGAN STANLEY BANK	05/30/06	$0.47	$0.00
MORGAN STANLEY BANK	06/29/06	$0.33	$0.00
MORGAN STANLEY BANK	07/28/06	$0.38	$0.00
MORGAN STANLEY BANK	08/30/06	$0.54	$0.00
MORGAN STANLEY BANK	09/28/06	$0.49	$0.00
MORGAN STANLEY BANK	10/30/06	$0.62	$0.00
MORGAN STANLEY BANK	11/29/06	$0.67	$0.00
MORGAN STANLEY BANK	12/28/06	$0.64	$0.00
Total Interest Income 1099-INT box 1		**$4.96**	
Total Federal Income Tax Withheld 1099-INT box 4			**$0.00**

The amount of tax-exempt interest paid to you in 2006 must be reported on the applicable Form 1040, U.S. Individual Income Tax Return, for 2006. The amount of tax-exempt AMT interest paid to you in 2006 must be taken into account in computing the alternative minimum tax reported on Form 1040 for 2006.

SHELLEY BERKLEY
1ST DISTRICT, NEVADA

439 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5965
FAX (202) 225-3119
shelley.berkley@mail.house.gov

2340 PASEO DEL PRADO
SUITE D106
LAS VEGAS, NEVADA 89102
(702) 220-9823
FAX (702) 220-9841
www.house.gov/berkley

HA[illegible]ERED

Congress of the United States
House of Representatives
Washington, DC 20515–2801

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U.S. HOUSE OF REPRESENTATIVES

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SUBCOMMITTEE ON AVIATION
SUBCOMMITTEE ON HIGHWAYS, TRANSIT AND PIPELINES
VETERANS' AFFAIRS
RANKING MEMBER, SUBCOMMITTEE ON DISABILITY AND MEMORIAL AFFAIRS
CAUCUS TASK FORCES
CHAIR, TAX AND BUDGET TASK FORCE
CO CHAIR, GAMING CAUCUS
CO-CHAIR, STOP DUI CAUCUS

(2)
MC

May 17, 2007

The Honorable Stephanie Tubbs Jones
Chairwoman
Committee on Standards of Official Conduct
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairwoman ~~Tubbs Jones~~: Stephanie

On Tuesday, May 15, 2007, my financial disclosure was inadvertently filed with an incorrect date on the cover sheet. Attached please find the correct cover sheet.

Thank you for your assistance in this matter.

Sincerely,

SHELLEY BERKLEY
Member of Congress

Attachment

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DEL[illegible]D
[illegible] RESOURCE CENTER
2007 MAY 17 PM 2:57
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Shelley Berkley
(Full Name)
9709 Camden Hills Avenue
(Mailing Address)
Las Vegas NV 89145
Daytime Telephone 202-225-5965

Filer Status	☑ Member of the U.S. House of Representatives — State NV District 01	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☑ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Shelley Berkley	May 17, 2007

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED (12)

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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

HOWARD L. BERMAN
(Full Name)

2221 RAYBURN HOB, WASH. DC 20515
(Mailing Address)

202-225-4695
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 28	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Howard L. Berman	5/15/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of California	Legislative pension	$5089.[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
NONE			

This page may be copied if more space is required.

Name HOWARD L. BERMAN | Page 4 of 12

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investment(s), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP / DC / JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	SP Mega Corp Stock					X								X										X								P
DC *Examples*	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah KY accounts						X									X										X						
	Providence Farming LPS				X											X									X							
	3627 W. 10th St. LLC				X											X								X								
SP	Akelwood Family LPS			X										X							X											
SP	Franklin Tax Free Income Fund							X									X				X		— title transferred thru inheritance									
SP	Washington Mutual Bank				X												X					X	— cash distribution thru inheritance									
	Abbott Labs	X													X							X										6

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

Page 5 of 12

BLOCK A Asset and/or Income Source (SP, DC, JT)	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
Anadarko Petroleum			X											X							X										
AT&T														X								X									
Automatic Data Processing			X											X							X										
BHP Billiton			X										X							X											P
Bellsouth Corp.			X											X								X									
Burlington Northern Santa Fe			X											X							X										
Cisco Systems			X										X							X											
Coca Cola	X													X							X										S
Dell	X												X							X											S
El Paso Corp.			X											X							X										
Embarq Corp.	X													X							X										S
Emerson Electric			X											X							X										
Energy Corp			X											X								X									P
Exxon Mobil			X											X							X										
Fannie Mae	X													X							X										S
General Electric			X											X							X										
Goldcorp Inc. New			X											X							X										P
Illinois Tool Works			X											X							X										
Intel			X											X							X										
IBM	X													X							X										S
Johnson & Johnson			X											X							X										
McDonald's Corp			X											X							X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

Page 6 of 12

BLOCK A Asset and/or Income Source	SP DC JT	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
Medtronic Inc.			X	X											X							X										
Newmont Mining				X											X							X										
PG Checking		X													X								X									S
PPG Industries				X											X							X										
Procter & Gamble Co.				X											X							X										
Raytheon				X											X							X										
Sierra Pacific Resources				X										X							X											S (partial)
Sprint Corp.				X											X							X										
State Street Corp.				X											X							X										
Union Pacific				X											X							X										
UQM Technologies				X										X							X										
Walt Disney Co.				X											X							X										
Wells Fargo Co.				X											X								X									
Wm. Wrigley Jr. Co.		X													X							X										S
Franklin Fed. Tax Free Income				X											X							X										P
Franklin Gold Inc. Metals					X										X								X									P
Phoenix Small/Mid Cap Fund					X										X									X								
Phoenix Foreign Opp. Fund					X										X									X								
Ca. State GO Bond		X															X					X										S
Van Kampen Corp. Securities					X												X						X									
Pimco Commodity Fund					X										X								X									
Compass Bank CD		X															X						X									PS

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

Page 7 of 12

BLOCK A Asset and/or Income Source (SP. DC JT)	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
T Shaver Brazil MSC	X												X							X											PS
UBS Bank Money Market Acct.			X													X						X									

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SCHEDULE IV — TRANSACTIONS

Name HOWARD L. BERMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP *Example*	Mega Corporation Common Stock	X			10-12-06		X								
	BHP Billiton Ltd	X			11/28/06	X									
	Energplus Corp	X			2/10/06	X									
	Goldcorp Inc New	X			11/28/06	X									
	Franklin Gold & Precious Metals Fund	X			5/30/06	X									
	Franklin Temp Hard Currency Fund	X			5/30/06	X									
	Compass Bank CD	X	X		9/16/06 10/16/06	X									
	Calif State GO Bond		X		3/1/06	X									
	Abbott Labs		X		3/1/06	X									
	Coca Cola		X		4/21/06	X									
	Dell Inc		X		4/21/06	X									
	Fannie Mae		X		4/21/06	X									
	IBM		X		4/21/06	X									
	I Shares Brazil	X	X		5/16/06 5/22/06	X									
	Petrochina		X		10/03/06	X									
	Sierra Pacific Resources		X		11/27/06	X									
	Wm. Wrigley Jr.		X		4/21/06	X									

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SCHEDULE IV — TRANSACTIONS

Name HOWARD L. BERMAN | Page 9 of 12

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
SP, DC, JT		Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10-12-06		X								
SP		Franklin Tax Free Income Fund	Spouse inherited			11/06					X					
SP		Washington Mutual Bank	X - inherited			11/06		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
The Aspen Institute	1/8-1/12/06	LA-Puerto Vita Hex-LA	Y	Y	Y	None
The Aspen Institute	4/9-4/14/06	LA-Honolulu-LA	Y	Y	Y	None
The Aspen Institute	5/29-6/4/06	LA-Istanbul-LA	Y	Y	Y	None
The Aspen Institute	8/12-8/21/06	LA-Tahoe, NV-ST. Petersburg-LA	Y	Y	Y	3 days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 20C7 33 427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
(9) LEGISLATIVE RESOURCE CENTER
2007 MAY 14 PM 4: 14
RECEIVED
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Robert Marion Berry
(Full Name)

2305 Rayburn House Office Building
(Mailing Address)

202- 225-4076
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Arkansas District First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Robert Marion Berry	05/14/07

Name Robert Marion Berry	Page 1 of 8

SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Carmar Lowe, Inc. (spouse)	Spouse Directors Fee	1,200.00
	Marion Berry, Inc. (spouse)	spouse, salary	20,000.00
	Pecan Post, Inc. (spouse)	spouse, salary	15,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb 2, 2006	$2,000
XYZ Magazine	Article	Aug 13, 2006	$500
None			

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Name Robert Marion Berry | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	SP Mega Corp Stock	F	NONE	IV	P
DC, *Examples*	Simon & Schuster	Indefinite	Royalties		
JT	1st Bank of Paducah, KY accounts	F	RENT	VI	
SP	Marion Berry, Inc.	G	salary	VII	
SP	Pecan Post, Inc.	I	salary	VI	
SP	Carmar Lowe, Inc.	F	Director Fee	IV	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Marion Berry

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E
	Riceland Foods, Inc.		X																		X										
	Planters & Merchants Bank				X																X										S
	140 Main St., Gillett, AR		X																		X										
	Marion Berry, Inc. Profit Sharing Plan							X									X										X				
	COD-DeWitt Bank&Trust Planters&Merchants Bank																														
	Farmers&Merchants Bank																														
	Farm Bureau Life Insurance			X																			X								
	Mony Group Inc.				X																X										
JT	408 E. 3rd, SE Washington, DC							X								X											X				
	COD-DeWitt Bank & Trust			X													X						X								
	COD-Planters&Merchants Bank						X										X								X						

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SCHEDULE IV — TRANSACTIONS

Name Robert Marion Berry

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-06		X								
	Planters & Merchants Bankshares, Inc.		X		05-19-06		X								
	Planters & Merchants Bank														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Bank of America, NA	Mortgage, 408 3rd St. SE Washington, DC					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
None						

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Name	Page 8 of 8
Robert Marion Berry	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director/Secretary (Spouse)	Carmar Lowe, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10/93	Marion Berry, Inc.	Retention of benefits under profit sharing plan
10/93	Marion Berry, Inc.	Return to employment upon leaving government office
10/93	Carmar Lowe, Inc.	Spouse will continue as director/secretary of Carmar Lowe, Inc.

GPO 2007 33 427 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
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23

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Judy Biggert
(Full Name)

425 East Sixth Street Hinsdale, IL 60521
(Mailing Address)

202-225-3515
Daytime Telephone

Filer Status ✓ Member of the U S House of Representative — State: IL, Distrct: 13 — Officer Or Employee — Employing Office

Report Type ✓ Annual (May 15) — Amendment — Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ✓ No
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes — No ✓
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ✓ No
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ✓ No
If yes, complete and attach Schedule IV

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ✓ No
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ✓ No
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ✓ No
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes — No ✓
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ✓ No
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes — No ✓

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes — No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief

Signature of Reporting Individual: Judy Biggert

Date (Month, Day, Year): May 15, 2007

SCHEDULE I - EARNED INCOME

Name Judy Biggert

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Illinois	Legislative Pension	$13,964
Human Resources Advocates LLC	Spouse Salary	N/A
Seyfarth Shaw LLC	Spouse Pension	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Abbott Laboratories	None	CAPITAL GAINS	$5,001 - $15,000	S
	Abbott Laboratories	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Abbott Laboratories	None	CAPITAL GAINS	$15,001 - $50,000	S
SP	ACLN LTD	None	None	NONE	
SP	Affiliated Computer Svcs	$1,001 - $15,000	None	NONE	P
SP	Aflac	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Alberto Culver	$15,001 - $50,000	None	NONE	P
SP	Alberto Culver	None	None	NONE	S
SP	Alberto Culver	None	None	NONE	S
SP	Allscripts Health Care Solutions Inc.	$15,001 - $50,000	None	NONE	S
SP	Amgen	$15,001 - $50,000	None	NONE	
SP	Amphenol Corp	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Apache Corp.	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	Automatic Data Processing	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Bard C R Inc	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	Bard C R Inc.	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	Barr Pharmaceuticals	$15,001 - $50,000	None	NONE	P
SP	Becton Dickinson	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Becton Dickinson	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Berkshire Hathaway	$15,001 - $50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Boston Private Fin'l Holdings	None	Other: capital loss	NONE	S
SP	Boston Private Fin'l Holdings	None	Other: capital loss	NONE	S
SP	Choicepoint, Inc.	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Church & Dwight	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	Cintas Corp	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
SP	Cisco Systems, Inc.	$15,001 - $50,000	None	NONE	
JT	Citigroup	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	Comcast Corp.	None	CAPITAL GAINS	$201 - $1,000	S
SP	Comcast Corp.	None	CAPITAL GAINS	$201 - $1,000	S
SP	Constellation Brands, Inc	$15,001 - $50,000	None	NONE	
SP	Dentsply Intl Inc	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	DR Horton	None	None	NONE	S
SP	Embarq Corp.	None	CAPITAL GAINS	$201 - $1,000	S
SP	Enterprise Products PPTINS	$1,001 - $15,000	INTEREST	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

	Factset Research Systems	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Fastenal Co	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	First Data Corp.	None	Other: capital loss	NONE	S
SP	Florida Rock Inds Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	General Electric Co	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Getty Images	$15,001 - $50,000	None	NONE	P
SP	Getty Images	$15,001 - $50,000	None	NONE	P
	GK Properties	$50,001 - $100,000	Other: distribution	$5,001 - $15,000	
	Harris Bank	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Harte-Hank Inc	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Harte-Hank Inc	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Health Care REIT (formerly Windrose Med Pptys TR	$1,001 - $15,000	INTEREST	$201 - $1,000	E
SP	Health Management Assoc. Inc.	None	Other: capital loss	NONE	S
SP	Healthnet Inc.	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Home Depot, Inc.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Illinois Tool Works	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Intel Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Intermet Corp	None	None	NONE	
SP	Investors Finanacial Services	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Jefferson Pilot Corp	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Johnson & Johnson	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	L-3 Communications Holdings	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Legg Mason	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	M & T Bancorp	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
SP	M & T Bancorp	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	Medtronic Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Microsoft Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Microsoft Corp	None	CAPITAL GAINS	$5,001 - $15,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Microsoft Corp	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	New York Community Bancorp	$1,001 - $15,000	INTEREST	$1 - $200	P
SP	Nextel Comm Inc	None	Other: capital loss	NONE	Other:redepti on
SP	Noble Intl LTD	None	Other: capital loss	NONE	S
SP	Novartis AG	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
SP	Nuvasive Inc.	$15,001 - $50,000	None	NONE	
SP	Options Express Holdings	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Oracle Corp	$15,001 - $50,000	None	NONE	
SP	Oshkosh Truck Corp	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	Patterson COS	$15,001 - $50,000	None	NONE	P
SP	Paychex Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Pepsico	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Perficient Inc	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Perficient Inc.	None	CAPITAL GAINS	$5,001 - $15,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Petro Canada	$15,001 - $50,000	None	NONE	
SP	Pfizer	None	Other: capital loss	NONE	S
SP	Pimco Commodity	None	Other: capital loss	NONE	S
SP	Pimco Commodity	$100,001 - $250,000	DIVIDENDS	$15,001 - $50,000	P
SP	Principal Financial Group	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Quest Diagnostics Inc	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Residence, 421 First Street, S.E., Washington, DC	$500,001 - $1,000,000	RENT	$5,001 - $15,000	
SP	Sanofi-Aventis	None	CAPITAL GAINS	$1 - $200	S
SP	Sanofi-Aventis	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Scansource Inc	$15,001 - $50,000	None	NONE	
SP	Simpson Mfg Co	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Sprint Nextel Corp	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	Sprint Nextel Corp	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	State Street Corp	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Stryker Corp	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Suncor Energy Inc	$50,001 - $100,000	None	NONE	
SP	Synovus Finl Corp	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	P
SP	Techne	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Techne	$15,001 - $50,000	None	NONE	
SP	Techne	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Transcanada Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Transcanada Corp	$1,001 - $15,000	None	NONE	
SP	U.S. Treasury Notes	$250,001 - $500,000	INTEREST	$15,001 - $50,000	P
SP	United Parcel Service	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	United Parcel Service	None	CAPITAL GAINS	$201 - $1,000	S
SP	United Parcel Service MTN BE	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	UTI Worldwide Inc.	$1,001 - $15,000	None	NONE	P
SP	Vanguard Inflation Protected SECs	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Vanguard ST Bond Index Admiral	None	Other: capital loss	NONE	S
SP	Vanguard ST Bond Index Admiral	None	Other: capital loss	NONE	S
JT	Vanguard ST Treasury Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Vodafone Group PLC	None	Other: capital loss	NONE	S
SP	Vodafone Group PLC	$15,001 - $50,000	None	NONE	
	Walgreen Company	None	CAPITAL GAINS	$50,001 - $100,000	S
	Walgreen Company	None	CAPITAL GAINS	$100,001 - $1,000,000	S
	Walgreen Company	$500,001 - $1,000,000	DIVIDENDS	$5,001 - $15,000	
	Walgreen Company	None	CAPITAL GAINS	$100,001 - $1,000,000	S
	Walgreen Company Profit Sharing	$100,001 - $250,000	Other distribution	$15,001 - $50,000	
SP	Wells Fargo & Co	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Westminster Fund III Real Estate	$50,001 - $100,000	Other: Distribution	$5,001 - $15,000	
	Westminster Fund IV	$50,001 - $100,000	Other: Distribution	$5,001 - $15,000	
SP	Wiley John & Sons Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Xilnix Inc.	None	Other: capital loss	NONE	S
SP	Zimmer Holdings	$15,001 - $50,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Abbott Laboratories	S	1-06-06	$15,001 - $50,000
SP	Affiliated Computer Svcs	P	5-03-06	$1,001 - $15,000
SP	Alberto Culver	P	12-01-06	$1,001 - $15,000
	Abbott Laboratories	S	7-20-06	$1,001 - $15,000
SP	Alberto Culver	S	12-29-06	$1,001 - $15,000
SP	Alberto Culver	S	12-29-06	$1,001 - $15,000
SP	Bard C R Inc	P	5-18-06	$1,001 - $15,000
SP	Bard C R Inc.	P	10-17-06	$1,001 - $15,000
	Apache Corp.	P	10-11-06	$15,001 - $50,000
	Barr Pharmaceuticals	P	7-25-06	$1,001 - $15,000
SP	Church & Dwight	P	2-16-06	$1,001 - $15,000
SP	Comcast Corp.	S	6-28-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Comcast Corp.	S	7-20-06	$15,001 - $50,000
SP	Embarq Corp.	S	5-19-06	$1,001 - $15,000
SP	First Data Corp.	S	10-12-06	$1,001 - $15,000
SP	Florida Rock Inds Inc.	P	7-31-06	$1,001 - $15,000
SP	Getty Images	P	5-03-06	$15,001 - $50,000
SP	Microsoft Corp	S	4-28-06	$1,001 - $15,000
SP	Noble Intl LTD	S	10-12-06	$1,001 - $15,000
SP	Novartis AG	P	1-04-06	$1,001 - $15,000
SP	Options Express Holdings	P	12-08-06	$1,001 - $15,000
SP	Oshkosh Truck Corp	P	6-15-06	$15,001 - $50,000
SP	Perficient Inc	S	9-12-06	$1,001 - $15,000
SP	Perficient Inc.	S	10-12-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Pimco Commodity	S	4-17-06	$15,001 - $50,000
SP	Sanofi-Aventis	S	11-09-06	$1,001 - $15,000
SP	Simpson Mfg Co	P	8-21-06	$15,001 - $50,000
SP	Sprint Nextel Corp	S	8-22-06	$1,001 - $15,000
SP	Sprint Nextel Corp	S	2-22-06	$1,001 - $15,000
SP	Techne	S	2-13-06	$1,001 - $15,000
SP	Transcanada Corp	S	3-6-06	$1,001 - $15,000
SP	Xilnix Inc.	S	4-12-06	$1,001 - $15,000
SP	New York Community Bancorp	P	7-25-06	$1,001 - $15,000
SP	Health Care REIT (formerly Windrose Med Pptys TR	E	12-27-06	$1,001 - $15,000
	Walgreen Company	S	1-6-06	$100,001 - $250,000
	Walgreen Company	S	9-5-06	$100,001 - $250,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Walgreen Company	S	9-06-06	$50,001 - $100,000
SP	Vanguard Inflation Protected Secs	P	7-28-06	$1,001 - $15,000
SP	Becton Dickinson	S	4-26-06	$1,001 - $15,000
SP	Boston Private Fin'l Holdings	S	10-12-06	$1,001 - $15,000
SP	Boston Private Fin'l Holdings	S	10-12-06	$1,001 - $15,000
SP	Choicepoint, Inc.	S	7-20-06	$15,001 - $50,000
SP	Enterprise Products PPTINS	P	7-25-06	$1,001 - $15,000
SP	Getty Images	P	10-17-06	$15,001 - $50,000
SP	Harte-Hanks Inc.	S	6-14-06	$1,001 - $15,000
SP	Harte-Hanks Inc.	S	10-12-06	$1,001 - $15,000
SP	Health Management Assoc. Inc.	S	10-12-06	$1,001 - $15,000
SP	Jefferson Pilot Corp	S	1-04-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Legg Mason	P	7-31-06	$1,001 - $15,000
SP	M & T Bancorp	S	7-20-06	$15,001 - $50,000
SP	Microsoft Corp	S	8-08-06	$1,001 - $15,000
SP	Nextel Comm Inc	redep	2-01-06	$1,001 - $15,000
SP	Patterson COS	P	10-17-06	$1,001 - $15,000
SP	Pfizer	S	4-12-06	$1,001 - $15,000
SP	Pimco Commodity	P	10-13-06	$50,001 - $100,000
SP	Synovus Finl Corp	P	7-25-06	$1,001 - $15,000
SP	Techne	S	5-10-06	$1,001 - $15,000
SP	United Parcel Service	S	7-25-06	$1,001 - $15,000
SP	Vanguard ST Bond Index Admiral	S	6-14-06	$15,001 - $50,000
SP	Vanguard ST Bond Index Admiral	S	7-20-06	$250,001 - $500,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Vodafone Group PLC	S	8-04-06	less than $100
SP	UTI Worldwide Inc.	P	7-27-06	$1,001 - $15,000
SP	Allscripts Healthcare Solutions Inc.	S	8-2-06	$1,001 - $15,000
SP	DR Horton	S	9-13-06	$1,001 - $15,000
SP	U.S. Treasury Notes	P	7-21-06	$100,001 - $250,000
SP	U.S. Treasury Notes	P	10-13-06	$100,001 - $250,000

SCHEDULE V - LIABILITIES

Name Judy Biggert

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Citi Mortgage, Columbus Ohio	Mortgage on 421 First St , S.E., Washington, DC	$250,001 - $500,000

SCHEDULE VI - GIFTS

Name Judy Biggert

Report the source, a brief description, and the value of all gifts totaling more than $305 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
On behalf of United Airlines, The Ignition Network ran a contest for United Mileage Plus customers, selecting at random 25 winners as part of the United Mileage Plus 25th Anniversary.	1,000,000 frequent flyer miles, valued at $25,000, plus $5,000 to cover federal taxes on the award.	$30,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Judy Biggert

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Israel Education Foundation	Jan. 7-15, 2006	Chicago-Israel-Chicago	Y	Y	Y	None

SCHEDULE IX - AGREEMENTS

Name Judy Biggert

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12-31-98	Illinois General Assembly Vested Pension Plan	Payable monthly

FOOTNOTES

Name Judy Biggert

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Formerly known as Boston Private Bankcorp Inc.	Boston Private Fin'l Holdings
2	Schedule III	Asset was not reported in 2005 because its value was less than $1,000	Embarq Corp.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

JUN 06 2007
RESOURCE CENTE
2007 JUN 20 AM 11:33
CLERK
HOUSE OF REPRESENTATIVES
(Office Use Only)

(9)

MC

Brian Phillip Bilbray
(Full Name)

2444 Unicornio St
(Mailing Address)

Daytime Telephone: 202-329-5315

Carlsbad, CA 92009

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 50	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Brian P. Bilbray	6/5/07

Name Brian P Bilbray | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	FAIR Congressional Task Force, Washington, DC	Retainer	32,000
	~~Federation of American Immigration Reform, Washington, DC~~	~~Retainer~~	~~40,000~~
	Viejas Band of Mission Indians, Alpine, CA	Retainer	38,000
	Solution Strategies, Los Angeles, CA	Retainer	1,000
	KSL Encinitas Resort, Carlsbad, CA	Retainer	25,000
	Bilbray Tax Service, Imperial Beach, CA	Spouse - Self Employment	10,572

For payments to charity in lieu of honoraria, use Schedule II.

Name Brian P. Bilbray | Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Brian P. Bilbray | Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year

	Block A		Block B												Block C								Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E, P
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X									
			Simon & Schuster		Indefinite																Royalties								X					
			1st Bank of Paducah, KY accounts					X									X									X								
JT	US Savings Bonds				X													X					X											
JT	Hancock Bank				X													X						X										
JT	First National Bank				X													X					X											
JT	Congressional FCU				X													X					X											
JT	San Diego County CU				X													X					X											
JT	USAA World Growth Fund				X											X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Brian P Bilbray

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
JT	USAA Small Cap Fund			X											X							X										
JT	USAA Science + Technology			X											X							X										
SP	USAA IRA				X										X								X									
	San Diego County CU (SEP)				X												X						X									
	Congressional FCU (SEP)			X													X						X									
	Hartford Life Ins (401k)						X								X									X								
	CalPers			X													X						X									
JT	19 Raleigh, Hekna MT Rented					X										X										X						
DC	USAA			X													X						X									
DC	USAA			X													X						X									

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SCHEDULE IV — TRANSACTIONS

Name Brian P Bilbray | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–06		X								
JT	Home Depot Common Stock		X		8-8-06	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example.	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Washington Mutual	Mortgage on 19 Raleigh, Hobart, MA			X							
JT	San Diego County CU San Diego	Visa	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	None						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

HAND DELIVERED (9)

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HC OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES

Office Use Only

Gus Michael Bilirakis
(Full Name)

3686 Woodridge Place Palm Harbor, FL 34684
(Mailing Address)

202-225-5755
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives State: FL District: 09 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI. N/A

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII. N/A

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☑ No ☐
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief

Signature of Reporting Individual: G. M. Bilirakis

Date (Month, Day, Year): 5/15/07

SCHEDULE I - EARNED INCOME

Name Gus Michael Bilirakis

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Florida	Legislative Salary (Earned prior to taking office)	$26,003
Bilirakis Law Group, P.A.	Salary (Earned prior to taking office)	$73,950
Bilirakis Law Group, P.A.	Ordinary Business Income (Sched K-1) (Earned prior to taking office)	$52,808

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: Gus Michael Bilirakis

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.				
	A.G. Edwards-Centennial Money Market (IRA)	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Bank of America (checking account)	$1,001 - $15,000	INTEREST	$1 - $200	
	Bilirakis Law Group, P.A. (stock)	$15,001 - $50,000	Ordinary Business Income (Sched K-1)	NONE	
	Centennial Money Market (IRA)	$1 - $1,000	INTEREST	$1 - $200	
JT	Colonial Banc Group (stock)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
DC	Corning, Inc. (stock) (UMTA - Emmanuel)	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gus Michael Bilirakis

DC	Corning, Inc. (stock) (UMTA - Michael)	$1,001 - $15,000	DIVIDENDS	NONE	
	Empty lots (5) Orange Blossom Hills, Ocala, FL (50% interest)	$15,001 - $50,000	None	NONE	
DC	Florida Prepaid College Tuition - not self-directed (son-Theodore)	$1,001 - $15,000	None	NONE	
DC	Florida Prepaid College Tuition - not self-directed (son-Emmanuel)	$1,001 - $15,000	None	NONE	
DC	Florida Prepaid College Tuition - not self-directed (son-Michael)	$1,001 - $15,000	None	NONE	
DC	Florida Prepaid College Tuition - not self-directed (son-Nicholas)	$1,001 - $15,000	None	NONE	
JT	General Electric (stock)	None	DIVIDENDS	$1 - $200	S
	Invacare Corp. (stock - IRA)	$1 - $1,000	DIVIDENDS	$1 - $200	
JT	Johnson & Johnson (stock)	None	DIVIDENDS	$1 - $200	S
DC	Kinross Gold Corp (stock) (UMTA - Emmanuel)	$1,001 - $15,000	DIVIDENDS	NONE	
	Law Office Bldg., 4538 Bartelt, Holiday, FL	$100,001 - $250,000	RENT	$15,001 - $50,000	
JT	Lowes Companies, Inc. (stock)	None	Dividends & Capital Gains	$1,001 - $2,500	S
JT	Occidental Petroleum (stock)	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gus Michael Bilirakis

JT	Old Harbor Bank (stock)	$15,001 - $50,000	DIVIDENDS	NONE	P
JT	Prudential Financial (stock)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	SunTrust Banks, Inc. (stock)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
JT	Synovus Financial Corp. (stock)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
JT	Wachovia Bank (stock)	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
JT	Walgreen Company (stock) (Inadvertently omitted from 5/15/06 Fin. Disc. Statement)	None	Dividends & Capital Gains	$201 - $1,000	S
	Walt Disney Company (stock - IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Gus Michael Bilirakis

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	General Electric (stock)	S	6-9-06	$1,001 - $15,000
JT	Johnson & Johnson (stock)	S	6-9-06	$1,001 - $15,000
JT	Lowes Companies, Inc. (stock)	S	6-9-06	$1,001 - $15,000
JT	Walgreen Company (stock) (Inadvertently omitted from 5/15/16 Fin. Disc. Statement)	S	6-9-06	$1,001 - $15,000
JT	Old Harbor Bank (stock)	P	6-28-06	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Gus Michael Bilirakis

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Bank of America, Louisville, KY	Mortgage on 4538 Bartelt Rd., Holiday, FL (Law Bldg.)	$50,001 - $100,000
JT	Lowes Credit Card (GE Money Bank)	Credit card balance	$10,001 - $15,000

SCHEDULE VIII - POSITIONS

Name Gus Michael Bilirakis

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Bilirakis Law Group, P.A. (Resigned position November 28, 2006)
President	Pegasus Title Services, Inc. (12/5/06 Resigned and terminated all financial interest)
Advisory	Lighthouse of Pinellas (non-profit, unpaid position)
Of Counsel	Thomas W. Carey & Associates, DBA Carey & Leisure (Resigned position November, 2006)
Of Counsel	Law Offices of Collin Vause, P.A. (Resigned position, December, 2006)
Advisory	New Port Richey Marine Institute (non-profit, unpaid position)
Advisory	Old Harbor Bank Advisory Committee (resigned position 1/4/07)
Director	Financial Florida (non-profit, unpaid position - resigned May, 2007)

SCHEDULE IX - AGREEMENTS

Name Gus Michael Bilirakis

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
At retirement age	Gus M. Bilirakis & State of Florida Legislators Benefit Pension Plan (defined pension plan - not self-directed)	Upon retirement age, benefit to be paid based on age and years of service. Benefit amount and total value of pension cannot be defined at present time.

GUS M. BILIRAKIS
9TH DISTRICT, FLORIDA

COMMITTEE ON HOMELAND SECURITY
MEMBER, BORDER, MARITIME AND GLOBAL COUNTERTERRORISM SUBCOMMITTEE
MEMBER, TRANSPORTATION SECURITY AND INFRASTRUCTURE PROTECTION SUBCOMMITTEE

COMMITTEE ON VETERANS' AFFAIRS
MEMBER, DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS

WORLDWIDE WEB PAGE
www.bilirakis.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515–0909

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June 15, 2007

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The Honorable Lorraine Miller
Clerk, U.S. House of Representatives
H-154, The Capitol
Washington, DC 20515

Dear Madam Clerk:

I would like to amend my 2006 Annual Financial Disclosure Statement to include the following information:

Under Schedule III – Assets, the Corning Company stocks held by my two sons, Emmanuel and Michael, were inadvertently omitted from my previous Candidate Financial Disclosure Statement filed on May 15, 2006. The Kinross Gold Corporation stock also disclosed on my Candidate Financial Disclosure Statement as one of my stock holdings is actually held by my son, Emmanuel. These items were corrected on my 2006 Annual Statement filed on May 15, 2007.

In addition, there are duplicate entries for Centennial Money Market (IRA) listed on my 2006 Annual Statement. The first entry under Schedule III – Assets listed as A. G. Edwards Centennial Money Market (IRA) should be deleted. The fourth item listed as Centennial Money Market (IRA) is the correct entry.

Regarding my 2006 Candidate Statement, a single entry was listed for three stocks and one money market account held in my A.G. Edwards brokerage account. These holdings, SunTrust Banks, Centennial Money Market, Walt Disney Company and Invacare Corporation were not separately disclosed at the time. This oversight was corrected with the stocks individually listed on my current 2006 Annual Statement.

Also on my 2006 Candidate Statement a single entry was entered for FSC Securities which included a group of four stocks, General Electric, Johnson & Johnson, Lowes Companies and Walgreen Company. General Electric, Johnson & Johnson and Lowes stocks were again listed individually on my 2006 Candidate Statement making FSC Securities a duplicate entry; therefore, an entry for FSC Securities was not included in my 2006 Annual Statement since the individual stocks in this account were correctly disclosed. The Walgreen Company stock was inadvertently omitted from the 2006 Candidate Statement as disclosed on my 2006 Annual Statement.

PRINTED ON RECYCLED PAPER

Lastly, Schedule I - Earned Income listed on my 2006 Annual Statement should be amended to include a Personal Representative Fee in the amount of $4,164.10 paid to me by the Estate of Dorothy Lindahl. This fee was earned in 2005 for services performed prior to my becoming a Member, however payment was not made to me until 2006.

Should you have questions or require further information, please contact me or my assistant, Jackie Troy.

Thank you for you assistance with this matter.

Sincerely,

Gus M. Bilirakis
Member of Congress

GMB:jt

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Robert William Bishop
(Full Name)

74 N 300 E Brigham City, UT 84302
(Mailing Address)

202-225-0453
Daytime Telephone

(Office Use Only)

Filer Status ☑ Member of the U.S. House of Representative — State: UT District: 01 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		05/15/2007

SCHEDULE I - EARNED INCOME

Name Robert William Bishop

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Utah State Retirement System	Educator Pension	$25,666

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert William Bishop

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	Barnes Bank Accounts	$1,001 - $15,000	INTEREST	$201 - $1,000	
JT	Invesco	$1,001 - $15,000	None	NONE	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert William Bishop

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Jan. 29-31	DC-Baltimore-DC	Y	Y	N	0
German Marshall Fund	Feb. 23-27	SLC-San Diego-SLC	Y	Y	N	1.5
Congressional Study Group on Germany US Assoc Former Members of Congress	Jun. 2-5	SLC-Nantucket, MA-DC	Y	Y	N	0

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Robert William Bishop
(Full Name)

74 N 300 E Brigham City, UT 84302
(Mailing Address)

202-225-0453
Daytime Telephone:

...IVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES

Filer Status: ☑ Member of the U.S. House of Representative — State: UT — District: 01 ☐ Officer Or Employee — Employing Office:

Report Type: ☐ Annual (May 15) ☑ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		06/14/2007

SCHEDULE I - EARNED INCOME

Name Robert William Bishop

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Utah State Retirement System	Educator Pension	$25,666

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert William Bishop

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	Barnes Bank Accounts - 33 S Main St, Kaysville, UT 84037	$1,001 - $15,000	INTEREST	$201 - $1,000	
JT	Invesco - AIM Investments Large Cap Growth Fund	$1,001 - $15,000	None	NONE	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert William Bishop

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Jan. 29-31	DC-Baltimore-DC	Y	Y	N	0
German Marshall Fund	Feb. 23-27	SLC-San Diego-SLC	Y	Y	N	1.5
Congressional Study Group on Germany US Assoc Former Members of Congress	Jun. 2-5	SLC-Nantucket, MA-DC	Y	Y	N	0

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

(1)

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 1:44
MC
OFFICE OF THE CLERK
(Office of Clerk) HOUSE OF REPRESENTATIVES

Sanford D. Bishop, Jr.
(Full Name)

2429 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-3631
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives State: GA District: 02 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

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If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sanford D. Bishop	5/15/07

SCHEDULE I - EARNED INCOME

Name Sanford D. Bishop, Jr.

List th source, typ , and amount of amed income from any source (other than the fil r's current employment by the U.S. Governm nt) totaling $200 or more during th preceding calendar y ar. For a pouse, list the source and amount of any hon raria; list only th source for oth r spous arn d income exc ding $1,000.

Source	Type	Amount
Consolidated Government of Columbus, Georgia	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sanford D. Bishop, Jr.

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see Instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	N/A
**Jt	House and lot at 311 Yates St., Starkville,, Ms.	$15,001 - $50,000	RENT	NONE	N/A
**Jt	Merrill Lynch CMA Account	$15,001 - $50,000	Dividends	NONE	N./A
	Sun Trust Bank, NA, Columbus, Georgia Savings	$1,001 - $15,000	INTEREST	$1 - $200	N/A
	SunTrust Bank,NA, Columbus, Georgia Certificate	$100,001 - $250,000	INTEREST	$201 - $1,000	P
	Wachovia Securities(Formerly Prudential Securities)/Dryden Municipal Bonds	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sanford D. Bishop, Jr.

	Sun Trust Bank, NA, Columbus, Georgia Money Market	$1,001 - $15,000	INTEREST	$1 - $200	N/A
	Lot 24A Lakemont Heights, Hartwell, Ga.	$1,001 - $15,000	None	NONE	N/A
	Legislative Retirement System of Ga., 2 Northside 75, Atlanta, Ga. 30318	$1,001 - $15,000	Pension	NONE	N/A
SP	House and lot at 908 Illges Rd., Columbus, Ga.	$50,001 - $100,000	RENT	$5,001 - $15,000	N/A
	Sun Trust Bank, NA, Columbus, Georgia Checking	$1,001 - $15,000	INTEREST	$1 - $200	N/A
	Transamerica Occidental Life Insurance Co., Cedar Rapids, Ia. 52499 Annuity Inherited	$100,001 - $250,000	Inherited Annuity upon death of Mother	$100,001 - $1,000,000	Other
	House and Lot at 2413 Ridge Rd., Mobile, Al. Inherited	$100,001 - $250,000	CAPITAL GAINS	$100,001 - $1,000,000	Other
**	Income to Joint Tenant				

SCHEDULE IV - TRANSACTIONS

Name Sanford D. Bishop, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Sale of House and Lot at 2413 Ridge Rd., Mobile, Al. 36617	S	10-26-06	$100,001 - $250,000

SCHEDULE V - LIABILITIES

Name Sanford D. Bishop, Jr.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Congressional Federal Credit Union	Revolving Charge Account	$10,001 - $15,000
	U.S. House of Representatives Thrift Savings	Loan for Down Payment on D.C. Residence	$15,001 - $50,000
SP	Household Finance Co.	Mortgage on 908 Iliges Rd., Columbus, Ga.	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Sanford D. Bishop, Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Congressional Black Caucus Institute	Aug. 10-14	Atlanta, Ga. -Tunica, Ms.-Atlanta, Ga.	Y	Y	Y	None
Carib News Foundation	Nov.10-12	Atlanta, Ga.-Panama City, Republic of Panama-Atlanta, Ga.	Y	Y	Y	None

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

MAY 11 2007

LEGISLATIVE RESOURCE CENTER
2007 MAY 23 AM 11:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

Timothy H. Bishop
(Full Name)

129 Wooley Street
(Mailing Address)

Southampton, NY 11968

Daytime Telephone: 631-696-6500

Filer Status	[X] Member of the U.S. House of Representatives — State NY District 01	[ ] Officer or Employee — Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tim Bi	5/11/07

Name Timothy H. Bishop | Page __ of __

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Maga Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
	TIAA TRADITIONAL ACCOUNT								X																								
	CREF STOCK ACCOUNT									X																							
SP	TIAA TRADITIONAL ACCOUNT						X																										
SP	CREF STOCK ACCOUNT						X																										
JT	MET-LIFE INSURANCE				X																												

For additional assets and unearned income, use next page.

Name Timothy H. Bishop	Page 2 of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Long Island University	Spouse Salary	NA
	SUNY - Stony Brook	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 4:20
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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

MARSHA WEDGEWORTH BLACKBURN
(Full Name)

509 CANNON HOUSE OFFICE BUILDING WASHIGTON, DC 20515
(Mailing Address)

202-225-2811
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: TN District: 07	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

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IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
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Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Marsha Blackburn	5/15/2007

SCHEDULE I - EARNED INCOME

Name MARSHA WEDGEWORTH BLACKBURN

List the sourc , type, and amount of earned income from any source (oth r than the filer's current employment by th U.S. Government) totaling $200 or m r during the prec ding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other pouse arned income xceeding $1,000.

Source	Type	Amount
Encore Interactive	Spouse Salary	N/A
Southwestern Co.	Spouse Salary	N/A
Self-employment income	Spouse Consulting	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARSHA WEDGEWORTH BLACKBURN

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	American Skandia IRA - Alliance Bernstein Growth & Income	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	American Skandia IRA - Marsico Cap Growth	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	American Skandia IRA - Federated Agressive Growth	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	American Skandia IRA - Small Cap Value	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	American Skandia IRA - Newberger Berman Mid Cap Growth	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	American Skandia IRA - MFS Global Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARSHA WEDGEWORTH BLACKBURN

	American Skandia IRA - Goldman Sachs High Yield	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	American Skandia IRA - PIMCO Total Return Bond	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	American Skandia IRA - Alliance Berman Growth & Income	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	American Skandia IRA - Marisco Cap Growth	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Ameerican Skandia IRA - Federated Agressive Growth	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	American Skandia IRA - Small Cap Value	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	American Skandia IRA - Newberger Berman Mid Cap Growth	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	American Skandia IRA - MFS Global Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	American Skandia IRA - Goldman Sachs High Yield	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	American Scandia IRA - PIMCO Total Return Bond	$1,001 - $15,000	INTEREST/CAPITAL GAINS	$1 - $200	
SP	Bank of America IRA - Alliance Tech, Class B	None	DIVIDENDS	$1 - $200	S
SP	Bank of America IRA -Money Market	None	DIVIDENDS	$1 - $200	S
SP	Morgan Stanley IRA - US Government Securities Fund	None	DIVIDENDS	$1 - $200	S
SP	Morgan Stanley IRA - Special Growth Fund	None	DIVIDENDS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARSHA WEDGEWORTH BLACKBURN

SP	Morgan Stanley IRA - MSIF Active Int'l Alla. Fund	None	DIVIDENDS	$1 - $200	S
SP	Morgan Stanley IRA - MSIF Equity Growth Part A	None	DIVIDENDS	$1 - $200	S
SP	Morgan Stanley IRA - Liquid Asset Fund Money Market	None	INTEREST	$1 - $200	S
SP	Morgan Stanley IRA - Mid Cap Value Fund D	None	DIVIDENDS	$1 - $200	S
SP	Private Business, Inc., Brentwood, TX	$1 - $1,000	None	NONE	
JT	Cumberland Bank, Franklin, TN - accounts	$1,001 - $15,000	INTEREST	$1 - $200	
SP	National Financial Services LLC - IRA - Allianceger Global Tech Class A	None	DIVIDENDS/CAPI TAL GAINS	$1 - $200	S
SP	National Financial Services LLC - IRA - Columbia Cash Reserves Daily	None	INTEREST	$201 - $1,000	S
SP	Morgan Stanley IRA - MSIF Small Cap Growth A	None	DIVIDENDS	$1 - $200	S
SP	Morgan Stanley IRA - MSIF Large Cap Growth A	None	DIVIDENDS	$1 - $200	S
SP	Investors Town Center Partners	$1,001 - $15,000	None	NONE	
SP	Schwab IRA - Money Market	$1,001 - $15,000	INTEREST	$201 - $1,000	P
SP	Schwab IRA - PIMCO Floating Income Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Schwab IRA - PIMCO Global Bond Fund	$1,001 - $15,000	INTEREST	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARSHA WEDGEWORTH BLACKBURN

SP	Schwab IRA - Westcore Plus Bond Fund	$15,001 - $50,000	INTEREST	$201 - $1,000	P
SP	Schwab IRA - Hedged Equity Fund Select Shares	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Schwab IRA - Ishars Trust Cohen & Steer Realty Majors Index	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
SP	Schwab IRA - Powershares Exch Trad Fd Tr High Yield Equity Achievers Portfolio	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
SP	Schwab IRA - Powershares Exch Trad Fd Tr Dynamic Mkt Portfolio	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
SP	Schwab IRA - Powershares Exch Trad Fd Tr Zacks Small Cap Portfolio	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
SP	Schwab IRA - Wisdomtree Diefa	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P

SCHEDULE IV - TRANSACTIONS

Name MARSHA WEDGEWORTH BLACKBURN

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Bank of America IRA - Alliance Tech, Class B	S	7-17-06	$15,001 - $50,000
SP	Bank of America IRA -Money Market	S	7-17-06	$1,001 - $15,000
SP	Morgan Stanley IRA - US Government Securities Fund	S	5-2-06	$1,001 - $15,000
SP	Morgan Stanley IRA - Special Growth Fund	S	5-2-06	$1,001 - $15,000
SP	Morgan Stanley IRA - MSIF Active Int'l Alla. Fund	S	5-2-06	$15,001 - $50,000
SP	Morgan Stanley IRA - MSIF Equity Growth Part A	S	5-2-06	$15,001 - $50,000
SP	Morgan Stanley IRA - Liquid Asset Fund/Money Market	S	5-2-06	$15,001 - $50,000
SP	Morgan Stanley IRA - Mid Cap Value Fund D	S	5-2-06	$1,001 - $15,000
SP	Morgan Stanley IRA - MSIF Small Cap Growth A	S	5-2-06	$1,001 - $15,000
SP	Morgan Stanley IRA - MSIF Large Cap Growth A	S	5-2-06	$15,001 - $50,000
SP	Schwab IRA - Money Market	P	5-2-06	$50,001 - $100,000
SP	Schwab IRA - PIMCO Floating Income Fund	P	8-10-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARSHA WEDGEWORTH BLACKBURN

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Schwab IRA - PIMCO Global Bond Fund	P	8-10-06	$1,001 - $15,000
SP	Schwab IRA - Westcore Plus Bond Fund	P	5-10-06	$15,001 - $50,000
SP	Schwab IRA - Hedged Equity Fund Select Shares	P	5-10-06	$1,001 - $15,000
SP	Schwab IRA - Ishars Trust Cohen & Steer Realty Majors Index	P	5-10-06	$1,001 - $15,000
SP	Schwab IRA - Powershares Exch Trad Fd Tr High Yield Equity	P	5-10-06	$15,001 - $50,000
SP	Schwab Powershares Exch Trad Fd Tr Dynamic Mkt Portfolio	P	5-20-06	$1,001 - $15,000
SP	Schwab IRA - Powershares Exch Trad Fd Tr Zacks Small Cap Portfolio	P	8-10-06	$1,001 - $15,000
SP	Schwab IRA - Wisdomtree Diefa	P	12-12-06	$15,001 - $50,000
SP	National Financial Services LLC - IRA - Allianceger Global Tech Class A	S	7-17-06	$15,001 - $50,000
SP	National Financial Services LLC - IRA - Columbia Cash Reserved Daily	S	7-30-06	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name MARSHA WEDGEWORTH BLACKBURN

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Consumer Electronic Association	Jan 4 - 5	DC - Las Vegas - Nashville	Y	Y	N	None
Alliance of Automobile Manufacturers	Jan 8 - 9	Nashville - Detriot - Nashville	Y	Y	Y	None
Club for Growth	Feb 17 - 19	DC - Ft. Lauderdale - Nashville	Y	Y	N	None
US Telecom	Mar 22 - 23	Nashville - Las Vegas - Nashville	Y	Y	N	None
Telecommunications Industry Association	June 4 - 5	Nashville - Chicago - DC	Y	Y	N	None
Aspen Institute	Aug 16 - 17	Nashville - Aspen - Tulsa	Y	Y	N	None
National Federation of Women Legislators	Nov 20 - 22	Nashville - Avon, CO - Nashville	Y	Y	Y	None

FOOTNOTES

Name MARSHA WEDGEWORTH BLACKBURN

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Morgan Stanley IRA, Bank of America IRA and National Financial Services IRA rolled over to Schwab IRA	Schwab IRA

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

Earl Blumenauer
(Full Name)

2267 Rayburn Washington, DC 20515
(Mailing Address)

(202)225-4811
Daytime Telephone:

Filer Status ✓ Member of the U.S. House of Representatives — State: OR District: 03 — ☐ Officer Or Employee — Employing Office:

Report Type ✓ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ✓ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ✓
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ✓ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ✓ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ✓ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ✓
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ✓ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ✓
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ✓
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ✓

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Earl Blumenauer	May 12, 2007

SCHEDULE I - EARNED INCOME

Name Earl Blumenauer

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Public Employees Retirement System, Oregon	Pension	$34,486
Northwest Natural Gas	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	American Fd High Income Tr	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Arial Growth Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Campbell-Nob Hill NW 23rd and Hoyt Portland, OR	$250,001 - $500,000	RENT	$15,001 - $50,000	
SP	Citizens Small Cap Core Growth Fund	$50,001 - $100,000	CAPITAL GAINS	$1,001 - $2,500	P
	Citizens Small Cap Core Growth Fund	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000	
SP	Cohen & Steers Realty Share	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

	Congressional Credit Union	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
SP	DFA Intl. Small Co	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	DFA Intl. Small Company Portfolio Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
SP	DFA US Large Cap Value	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Duplex 510 6th Street SE Washington, DC	$500,001 - $1,000,000	Rent	$15,001 - $50,000	
SP	Europacific Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	S/part
	Federal Thrift Savings Plan	$250,001 - $500,000	INTEREST	$15,001 - $50,000	
	Glisan Street Apts. 1701 NW Glisan Portland, OR	$15,001 - $50,000	RENT	$2,501 - $5,000	
	Ishares KLD Select Social Fund	$250,001 - $500,000	DIVIDENDS	$2,501 - $5,000	P
SP	Ishares KLD Select Social Fund	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	P
	Japan Fund (Scudder)	None	DIVIDENDS	$1 - $200	S
	Loan to Overlook Heights LLC Portland, Oregon	$15,001 - $50,000	INTEREST	NONE	
	Madrone/Acacia Apartments 3701-3705 SE 37th Place Portland, OR	$250,001 - $500,000	Rent	$15,001 - $50,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

	Nordel-Mitchel 629 SE Morrison Portland, OR	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Nordel-Nordel 2166 NW Irving Portland, OR	$50,001 - $100,000	RENT	$5,001 - $15,000	
SP	Northwest Natural Gas Company - Common Stock (part of retirement and compensation package)	$50,001 - $100,000	None	NA	
	OnPoint Community Credit Union	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	Pax World High Yield Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
SP	Pax World High Yield Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
SP	PIMCO Foreign Bond	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
	PIMCO Foreign Bond Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
SP	PIMCO Total Return III Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	PS
	PIMCOTotal Return III Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	P
SP	Portfolio 21	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Portfolio 21	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	PS
	Powell Gardens 3410 SE 33rd Portland, OR	None	RENT/ CAPITAL GAINS	$15,001 - $50,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

	Raleigh Fireside 5557 SW Scholls Ferry Portland, OR	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Schwab 1000	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	Schwab Money Market	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	PS
	Schwab Money Market	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS
	Schwab Small Cap	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
	SEI Emerging Markets Debt	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
SP	SEI Emerging Markets Debt	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
SP	SEI Emerging Markets Equity	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
	SEI Emerging Markets Equity Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	P
	Townhouse (1/2 interest) 2441 NE Weidler Portland, OR	$100,001 - $250,000	None	NONE	
SP	Vacation House in Deer Isle, Maine - 1/2 Interest	$100,001 - $250,000	NA	NONE	
SP	Vanguard Short Term Inv. Grade	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Vanguard Short Term Inv. Grade	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P

SCHEDULE IV - TRANSACTIONS

Name Earl Blumenauer

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	American Fd High Income Tr	P	4-18-06	$1,001 - $15,000
SP	Cohen & Steers Realty Share	P	4-18-06	$1,001 - $15,000
	Arial Growth Fund - dividend reinvestment	P	11-16-06	$1,001 - $15,000
	DFA Intl. Small Company Portfolio Fund - dividend reinvestment	P	Various dates throughout year	$1,001 - $15,000
	Ishares KLD Select Social Fund	P	Five transactions during year	$1,001 - $15,000
	Pax World High Yield Fund - dividend reinvestment	P	Various dates throughout year	$1,001 - $15,000
	PIMCO Foreign Bond Fund - dividend reinvestment	P	Various dates throughout year	$1,001 - $15,000
	PIMCO Total Return III Fund - dividend reinvestment and purchase	P	4-18-06	$15,001 - $50,000
	Portfolio 21 - dividend reinvestment	P	4-17-06	$1,001 - $15,000
	Portfolio 21 - sale	S	4-17-06	$1,001 - $15,000
	SEI Emerging Market Equity - dividend reinvestment	P	Various dates throughout year	$1,001 - $15,000
	SEI Inst Emerging Market Debt - dividend reinvestment	P	Various dates throughout year	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Earl Blumenauer

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Vanguard Short Term Inv. Grade - dividend reinvestment and purchase	P	4-17-06	$1,001 - $15,000
	Schwab Small Cap - dividend reinvestment	P	12-2-06	$1,001 - $15,000
SP	Citizens Small Cap Core Growth Fund - dividend reinvestment and purchase	P	1-23-06 and 6-26-06	$1,001 - $15,000
SP	DFA Intl Small Co - purchase and dividend reinvestment	P	1-23-06, 5-8-06 and 6-26-06	$15,001 - $50,000
SP	Ishares KLD Select Social Fund - purchase	P	Seven transactions during year	$50,001 - $100,000
SP	Pax World High Yield Fund - dividend reinvestment and purchase	P	5-8-06	$1,001 - $15,000
SP	PIMCO Foreign Bond - dividend reinvestment and purchase	P	4-18-06 and 5-8-06	$15,001 - $50,000
SP	PIMCO Total Return III Fund - dividend reinvestment and purchase	P	1-26-06	$15,001 - $50,000
SP	Portfolio 21 - dividend reinvestment and purchase	P	1-23-06, 5-8-06, and 6-26-06	$50,001 - $100,000
SP	Schwab Money Market Fund - purchase and dividend reinvestment	P	Numerous transactions during year	$100,001 - $250,000

SCHEDULE IV - TRANSACTIONS

Name Earl Blumenauer

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	SEI Emerging Market Equity - dividend reinvestment, purchase	P	Numerous transactions during year	$15,001 - $50,000
SP	SEI Emerging Markets Debt - dividend reinvestment and purchase	P	4-18-06 and 5-8-06	$1,001 - $15,000
~~SP~~	~~Vanguard Short Term Inv. Grade - dividend~~ reinvestment and purchase	~~P~~	~~5-8-06~~	~~$1,001 - $15,000~~
	Schwab Money Market - dividend reinvestment and purchase	P	Various dates throughout year	$15,001 - $50,000
	Schwab Money Market - sale	S	Various dates throughout year	$15,001 - $50,000
SP	PIMCO Total Return III Fund - sale	S	Five transactions during year	$15,001 - $50,000
SP	Schwab Money Market Fund - sale	S	Numerous transactions during year	$250,001 - $500,000
	Japan Fund (Scudder)	S	10-19-06	$15,001 - $50,000
	Schwab 1000 Fund	P	Monthly transactions	$1,001 - $15,000
	Powell Gardens 3410 SE 33rd Portland, OR	S	6/12/06	$100,001 - $250,000
SP	Europacific Growth Fund	S	4-17-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Earl Blumenauer

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Washington Mutual	Mortgage Madrone/Acacia 3701-3705 SE 35th Place Portland, OR	$100,001 - $250,000
	M & T Realty Buffalo, NY	Mortgage Glisan Townhouses 1701 NW Glisan Portland, OR	$15,001 - $50,000
	Intervest Mortgage Spokane, WA	Mortgage Nordel/Nordel 2166 NW Irving Portland, OR	$15,001 - $50,000
	Intervest Mortgage Spokane, WA	Mortgage Nordel/Mitchell 629 SE Morrison Portland, OR	$15,001 - $50,000
	Washington Mutual	Mortgage Raleigh Fireside 5557 SW Scholls Ferry Portland, OR	$50,001 - $100,000
	Ruth Sprinkling	Mortgage 2441 NE Weidler Portland, OR	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Earl Blumenauer

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Institute of Architects, Columbus, Ohio	March 13-14, 2006	Portland, OR - Columbus, Ohio- Portland, OR	N	Y	N	None
Congressional Program of Aspen Institute	May 29-June 4, 2006	Portland, OR - Istanbul, Turkey - Washington, DC	Y	Y	Y	None
Mercy Corps	August 21-23, 2006	Portland, OR - New Orleans, LA - Portland, OR	Y	Y	N	None
Rail-Volution	November 5-6, 2006	Portland, OR - Chicago, IL - Portland, OR	Y	N	N	None

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY -8 PM 3:56

(5)

MC (Office Use Only)

ROY BLUNT
(Full Name)
350 JOHN Q HAMMONS PARKWAY
(Mailing Address)
Springfield, Mo. 65806
Daytime Telephone: 417-887-1800

Filer Status	[X] Member of the U.S. House of Representatives — State: Mo District: 7	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Roy Blunt	May 7, 2007

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	ALTRIA CORPORATE SEVICES (KRAFT FOODS)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BLUNT, Roy

Page 3 of 5

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P. S. E
	Churchill Coffee Ltd Part.					X															X										
	Hartford Capital Appreciation			X											X							X									
	Mo State Retirement of State																			Retirement						X					
JT	10 acres farmland - Stoutland, Mo					X															X										
JT	116 + Auditorium Parkwoom						X									X						X									Sold 1/13
DC	Mo. 529 acct																														
DC	Most Aggressive Fund			X																											12/06 purchased
DC	VANGUARD GROWTH Portfolio			X																											
SP	Altria Group (KRAFT)						X								X										X						
SP	CISCO SYSTEMS			X											X							X									
SP	LOCKHEED MARTIN				X																										
SP	AMER MIDLAND CORP	X																													
SP	GOLD LAKE MINES	X																													
SP	Wildcat Exploration	X																													
SP	401-K ALTRIA (KRAFT)							X							X										X						
SP	401-K Intermediate Equity Fund						X																								
SP	401-K U.S. Govt Obligation Bond Fund					X																									

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SCHEDULE IV — TRANSACTIONS

Name BLUNT, ROY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
JT	116 Treehouse Condominium		X		1-13-06				X						
DC	Missouri 529 PLAN (MOST)	X			12-27-06	X									

This page may be copied if more space is required.

Name BLUNT, ROY | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	State Bank of St. Louis Mo	Mortgage on 11 Cottrell Lane			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
MC 2007 MAY 14 PM 2:07
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
(Office Use Only)

(11)

John Andrew Boehner
(Full Name)

7371 Charter Cup Lane West Chester, OH 45069
(Mailing Address)

(202) 225-6205
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: OH District: 08	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? ~~If yes, complete and attach Schedule I.~~	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? ~~If yes, complete and attach Schedule VI.~~	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	John Andrew Boehner	5-14-07

SCHEDULE I - EARNED INCOME

Name John Andrew Boehner

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Sibcy Cline, Inc.	Spouse real estate commission	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, *and (b) any other asset or source of income which generated more than* $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Congressional Federal Credit Union	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	First Financial Bank, NA	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Calamos Growth & Income CL A	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
JT	Europacific Growth Fund CL A	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
JT	Growth Fund of America CL A	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
JT	Henderson Intl Opportunities A	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

JT	Munder Mid-Cap Core Growth A	$100,001 - $250,000	DIVIDENDS	$1 - $200	P
JT	New World Fund CL A	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Pimco Commodity Real Return Strategy Fund Class A	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
JT	DWS Dreman High Return Equity Fund A (previously disclosed as "Scudder Dreman High Return Fund Class A")	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
JT	Smallcap World Fund CL A	$50,001 - $100,000	None	NONE	
JT	Vanguard Selected Value Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	P
JT	Victory Small Company Opportunity Fund CL R	None	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	S
JT	Victory Diversified Stock CL R	None	CAPITAL GAINS	$5,001 - $15,000	S
JT	Victory OH Municipal Money Market, McDonald Investments, Cincinnati, OH	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Keeley Small Cap Value Fund	$50,001 - $100,000	CAPITAL GAINS	$1 - $200	
JT	Franklin Flex Cap Growth FD A	$100,001 - $250,000	DIVIDENDS	$1 - $200	P
JT	Pennsylvania Mutual Fund Investment Class	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

	Rolling Ridge Associates, Real Estate Limited Partnership, Owns Rolling Ridge Apts. Montana Avenue, Cincinatti, OH	$1,001 - $15,000	Other: Partnership Income	$1,001 - $2,500	
	State of Ohio, Deferred Compensation Plan	$100,001 - $250,000	NA	NONE	
	State of Ohio, Public Employee Retirement System	$15,001 - $50,000	NA	NONE	
	Nucite Sales Limited Partnership Profit Sharing Retirement Plan	$1,000,001 - $5,000,000	NA	NONE	
	Nucite Sales Inc. (underlying assets in following 6 entries)	$100,001 - $250,000	DIVIDENDS/INTEREST/CAPITAL GAINS/Other: Ordinary Business Income	$15,001 - $50,000	Below
	Victory Gradison Govt Reserves, McDonald Investments, Cincinnati, OH	$1,001 - $15,000	DIVIDENDS/INTEREST	$201 - $1,000	
	FDIC Variable Rate Deposit	$50,001 - $100,000	INTEREST	$201 - $1,000	
	Rydex Healthcare Fund	None	CAPITAL GAINS	$2,501 - $5,000	PS
	Rydex Energy Services Fund	$15,001 - $50,000	CAPITAL GAINS	$5,001 - $15,000	S
	DWS Dreman High Return Equity Fund A (previously disclosed as "Scudder Dreman High Return Fund Class A")	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	PS
	Nucite Sales LP (Nucite Sales Inc. has 10% interest in Nucite Sales LP)	$1,001 - $15,000	INTEREST/Other: Ordinary Business Income	NONE (loss)	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

SP	Harvey Gunlack Living Trust (50% interest in trust, underlying asset disclosed in following entry)	None	DIVIDENDS/INTEREST	$1 - $200	Below
SP	Victory Gradison Govt Reserves, McDonald Investments, Cincinnati, OH	None	DIVIDENDS/INTEREST	$1 - $200	S

SCHEDULE IV - TRANSACTIONS

Name John Andrew Boehner

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Calamos Growth & Income CL A	P	1-3-06, 4-10-06, 6-29-06, 9-25-06, 11-20-06	$1,001 - $15,000
JT	Franklin Flex Cap Growth FD A	P	4-5-06, 12-18-06	$15,001 - $50,000
JT	Henderson Intl Opportunities A	P	12-11-06	$1,001 - $15,000
JT	Munder Mid-Cap Core Growth A	P	4-5-06, 9-28-06	$15,001 - $50,000
JT	Pimco Commodity Real Return Strategy Fund Class A	P	6-23-06, 9-22-06, 12-28-06	$1,001 - $15,000
JT	DWS Dreman High Return Equity Fund A (previously disclosed as "Scudder Dreman High Return Fund Class A")	P	3-28-06, 4-5-06, 6-27-06, 9-26-06, 11-17-06, 12-19-06	$15,001 - $50,000
JT	Vanguard Selected Value Fund	P	4-3-06, 12-20-06	$15,001 - $50,000
JT	Pennsylvania Mutual Fund Investment Class	P	4-5-06, 12-7-06	$15,001 - $50,000
JT	Victory Small Company Opportunity Fund CL R	S	4-4-06	$15,001 - $50,000
JT	Victory Diversified Stock CL R	S	4-3-06	$50,001 - $100,000
	Nucite Sales Inc. (transactions regarding underlying assets in following 3 entries	Below	Below	Below

SCHEDULE IV - TRANSACTIONS

Name John Andrew Boehner

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Rydex Healthcare Fund	PS	3-23-06, 10-26-06, 11-9-06	$50,001 - $100,000
	Rydex Energy Services Fund	S	10-26-06	$15,001 - $50,000
	DWS Dreman High Return Equity Fund A (previously disclosed as "Scudder Dreman High Return Fund Class A")	PS	3-27-06, 3-28-06, 6-27-06, 9-26-06, 10-30-06, 11-17-06, 12-19-06	$15,001 - $50,000
SP	Harvey Gunlack Living Trust (50% interest in trust, transaction regarding underlying asset in following entry)	Below	Below	Below
SP	Victory Gradison Govt Reserves, McDonald Investments, Cincinnati, OH	S	2-28-06	$1,001 - $15,000

SCHEDULE VIII - POSITIONS

Name John Andrew Boehner

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Officer-Non Comp.	Nucite Sales, Inc.
Limited Partner	Rolling Ridge Associates

SCHEDULE IX - AGREEMENTS

Name John Andrew Boehner

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
NA	Nucite Sales Limited Partnership Profit Sharing Retirement Plan	Continued interest, no additional contribution
NA	State of Ohio Pension and Deferred Compensation Plans	Continued interest, no additional contribution

FOOTNOTES

Name John Andrew Boehner

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	The 2005 Financial Disclosure Statement included two assets (1) 7908 Cincinnati-Dayton Road, Suite 1, West Chester, OH (Office Building); and (2) Farm Property, Swamp Road, Pantego, NC 27860 that were sold in 2005. Their 2005 Block B Year-End Value of Asset entries reflected the value of the assets based on their respective sale prices. Because of the sales, their 2005 Year-End Value was zero, accordingly, they are not included in this report.	Office Building and Farm Property sold in 2005.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Josiah Robins Bonner, Jr.
(Full Name)

143 Myrtlewood Lane Mobile, AL 36608
(Mailing Address)

202-225-4931
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: AL Distnct: 01 — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Josiah Robins Bonner, Jr.	May 15, 2007

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Josiah Robins Bonner, Jr.

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any ~~debt owed to you by your spouse, or by your or your spouse's child~~ parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	Camden National Bank	$1,001 - $15,000	INTEREST	$1 - $200	none
	Congressional Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	none
JT	Whitney National Bank	$1,001 - $15,000	INTEREST	$1 - $200	none
	Pioneer Growth Shares	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	none
JT	2469 acres +/- Timberland, Wilcox County, Alabama	$1,000,001 - $5,000,000	Timber sales, leases	$100,001 - $1,000,000	Other
JT	First Gulf Bank	$1 - $1,000	INTEREST	$1 - $200	none

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Josiah Robins Bonner, Jr.

	76 acres timberland, Wilcox County, Alabama	$100,001 - $250,000	none	NONE	none
JT	Alabama Pre-Paid Tuition Plan -- Jennifer Lee Bonner	$1,001 - $15,000	none	NONE	none
JT	Alabama pre-Paid Tuition Plan -- Josiah Robins Bonner, III	$1,001 - $15,000	none	NONE	none
JT	First Camden Bankshares	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	none
JT	Town and Country Bankshares	$15,001 - $50,000	INTEREST	$201 - $1,000	none
JT	RMA Money Market Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	none
JT	MFS Emerging Growth Fund	$15,001 - $50,000	None	NONE	none
JT	Oppenheimer Main Street Fund	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	none
JT	Oppenheimer Growth Fund	$1,001 - $15,000	None	NONE	none
JT	Pioneer Growth Shares	$15,001 - $50,000	DIVIDENDS	$1 - $200	none
	2 - 11 acre lots, Baldwin County lots	$15,001 - $50,000	None	NONE	none
SP	Cisco	$1,001 - $15,000	none	NONE	none
SP	Fannie Mae	$1,001 - $15,000	DIVIDENDS	$1 - $200	none
SP	Health South	$1 - $1,000	none	NONE	none

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Josiah Robins Bonner, Jr.

SP	Mirant	$1 - $1,000	none	NONE	none
SP	Southern Company	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	none
SP	John Hancock Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	none
SP	Pioneer Growth Shares	$1,001 - $15,000	none	NONE	none
DC	Cisco	$1 - $1,000	None	NONE	none
DC	Weyerheuser	$1 - $1,000	DIVIDENDS	$1 - $200	none
DC	Fannie Mae	$1,001 - $15,000	DIVIDENDS	$1 - $200	none

SCHEDULE IV - TRANSACTIONS

Name Josiah Robins Bonner, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	2469 acres +/- Timberland, Wilcox County, Alabama	Other	May 2005	$250,001 - $500,000

SCHEDULE V - LIABILITIES

Name Josiah Robins Bonner, Jr.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	American Express	revolving credit	$15,001 - $50,000
JT	Chase	revolving credit	$10,001 - $15,000
JT	Bank of America	revolving credit	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Josiah Robins Bonner, Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Business Council of Alabama	Aug 25- 27	in district - Orange Beach, AL	Y	Y	Y	none

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

MARY BONO
(Full Name)

64505 VIA AMANTE PALM SPRINGS, CA 92264
(Mailing Address)

(202) 225-5330
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative — State: CA District 45	☐ Officer Or Employee	Employing Office: HR MEMBER SERVICES
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTION

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTION

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mary Bono	5/15/07

SCHEDULE I - EARNED INCOME

Name MARY BONO

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
AFTRA HEALTH AND RETIREMENT FUND	PENSION	$6,024

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	UNION BANK OF CALIFORNIA	$15,001 - $50,000	INTEREST	$201 - $1,000	
	MERRILL LYNCH CMA	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	MERRILL LYNCH CMA-MONEY FUND	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	MERRILL LYNCH CMA MONEY FUND- IRA	$1,001 - $15,000	INTEREST	$201 - $1,000	
	BONO COLLECTION TRUST	$250,001 - $500,000	ROYALTIES & INTEREST	$100,001 - $1,000,000	
	CENTRAL VY SDS FIN AT CA	$15,001 - $50,000	INTEREST	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	SACRAMENTO CA CYFA LSRV	$15,001 - $50,000	INTEREST	$201 - $1,000	
	LOS ANGELES CA SAN DT	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	LOS ANGELES CA	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	CALIFORNIA ST	$15,001 - $50,000	INTEREST	$201 - $1,000	P
	LOS ANGELES CA CTFS	$1,001 - $15,000	INTEREST	$201 - $1,000	
	CALIFORNIA ST DPT WTR	$1,001 - $15,000	INTEREST	$201 - $1,000	
	ADOBE SYS DEL PV	$1,001 - $15,000	DIVIDENDS	NONE	P
	ALLSTATE CORP DEL COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	AFLAC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	AMGEN INC COM PV	$1,001 - $15,000	DIVIDENDS	NONE	P (PARTIAL)
	AMN HEALTHCARE SVCS INC	$1,001 - $15,000	DIVIDENDS	NONE	P
	BAKERS HUGHES INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	BURLNGTN N SNTA FE	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	BANK OF NY CO INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	COSTCO WHOLESALE CRP DEL	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	COLGATE PALMOLIVE	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	DEVON ENERGY CORP NEW	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	DOMINION RES INC NEW VA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	EXXON MOBIL CORP	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	ECOLOAB INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	EMERSON ELEC CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	FEDRTD DPT STORS DEL NEW	$1,001 - $15,000	DIVIDENDS	NONE	P
	FIRST DATA CORPORATION	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	GENERAL MILLS	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	HEALTH CARE PPTY INCS REIT	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S (PARTIAL)
	JPMORGAN CHASE & CO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S (PARTIAL)
	JABIL CIRCUIT INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	L-3 COMMNCTNS HLDGS	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	MBIA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	NOKIA CORP SPON ADR	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	STRYKER CORP	$1,001 - $15,000	DIVIDENDS	NONE	PS (PARTIAL)
	TESSERA TECHNOLOGIES INC	$1,001 - $15,000	DIVIDENDS	NONE	P
	TIME WARNER	$1,001 - $15,000	DIVIDENDS	NONE	P
	3M COMPANY	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	VERIZON COMMUNICATIONS COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	WESTERN UN CO (SPIN-OFF OF FIRST DATA CORP)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	FEDERAL HOME LOAN BANK-IRA	$15,001 - $50,000	INTEREST	$1 - $200	
	FEDERAL HOME LOAN BANK- IRA	$1,001 - $15,000	INTEREST	$1 - $200	P
	FEDERAL HOME LOAN BANK-IRA	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	FEDERAL NATL MTG ASSOC- IRA	$15,001 - $50,000	INTEREST	$2,501 - $5,000	P
	AFLAC INC COM- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	ALLSTATE CORP DEL COM-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	BAKER HUGHES INC- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	BANK OF N Y CO INC - IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	BURLNGTN SNTA FE- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	COLGATE PALMOLIVE-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	ADOBE SYS DEL PV$- IRA	$1,001 - ~~$15,000~~	DIVIDENDS	NONE	P
	AMGEN INC COM PV- IRA	$1,001 - $15,000	DIVIDENDS	NONE	
	AMN HEALTHCARE SVC INC- IRA	$1,001 - $15,000	DIVIDENDS	NONE	P (PARTIAL)
	COSTCO WHOLESALE CRP DEL-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	DEVON ENERGY CORP NEW- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	DOMINION RES INC NEW VA- IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	ECOLAB INC- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	EMERSON ELEC CO- IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	EXXON MOBIL CORP COM- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	FEDRTD DPT STORS DEL NEW- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	FIRST DATA CORPORATION- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	GENERAL MILLS- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	HEALTH CARE PPTY INVS- IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S (PARTIAL)
	JABIL CIRCUIT INC- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	JPMORGAN CHASE & CO- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	L-3 COMMNCTNS HLDGS- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (PARTIAL)
	MBIA INC COM- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	NOKIA CORP SPON ADR- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	STRYKER CORP- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	TESSERA TECHNOLOGIES INC- IRA	$1,001 - $15,000	DIVIDENDS	NONE	P
	TIME WARNER INC NEW- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	VERIZON COMMUNICATNS COM- IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	WESTERN UN CO- IRA (SPIN-OFF OF FIRST DATA CORP)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	3M COMPANY- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	BONO COLLECTION TRUST	$100,001 - $250,000	ROYALTIES & INTEREST	$100,001 - $1,000,000	
	UNION BANK OF CALIFORNIA	$15,001 - $50,000	INTEREST	$201 - $1,000	
	MERRILL LYNCH- CMA MONEY FUND	$1,001 - $15,000	INTEREST	$201 - $1,000	
	MERRILL LYNCH- CMA	$1,001 - $15,000	INTEREST	$201 - $1,000	
	FEDERAL HOME LOAN BANK	$50,001 - $100,000	INTEREST	$1,001 - $2,500	P
	FEDERAL HOME LOAN BANK- SENIOR NOTE	$15,001 - $50,000	INTEREST	$201 - $1,000	
	FEDERAL NATL MTG ASSN	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	FEDERAL NATL MTG ASSOC	$50,001 - $100,000	INTEREST	$2,501 - $5,000	P
	ADOBE SYS DEL PV	$1,001 - $15,000	DIVIDENDS	NONE	P
	AFLAC INC COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	P (PARTIAL)
	ALLSTATE CORP DEL COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	AMGEN INC COM PV	$1,001 - $15,000	DIVIDENDS	NONE	P (PARTIAL)
	AMN HEALTHCARE SVCS INC	$1,001 - $15,000	DIVIDENDS	NONE	P
	BAKER HUGHES INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	BANK OF NY CO INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	BURLNGTN N SNTA FE	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	COLGATE PALMOLIVE	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS (PARTIAL)
	COSTCO WHOLESLE CRP DEL	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	DEVON ENERGY CORP NEW	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	DOMINION RES INC NEW VA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P (PARTIAL)
	ECOLAB INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	EXXON MOBIL CORP COM	$15,001 - $50,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	EMERSON ELEC CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	FEDRTD DPT STORS DEL NEW	$1,001 - $15,000	DIVIDENDS	NONE	P
	FIRST DATA CORPORATION	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	GENERAL MILLS	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	HEALTH CARE PPTY INVS	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS (PARTIAL)
	JABIL CIRCUIT INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	JPMORGAN CHASE & CO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS (PARTIAL)
	L-3 COMMNCTNS HLDGS	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	MBIA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P (PARTIAL)
	NOKIA CORP SPON ADR	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	STRYKER CORP	$1,001 - $15,000	DIVIDENDS	NONE	PS (PARTIAL)
	TESSERA TECHNOLOGIES INC	$1,001 - $15,000	DIVIDENDS	NONE	P
	TIME WARNER INC NEW	$1,001 - $15,000	DIVIDENDS	NONE	P
	VERIZON COMMUNICATNS COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	WESTERN UN CO (SPIN-OFF OF FIRST DATA CORP)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	3M COMPANY	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	BONO COLLECTION TRUST	$100,001 - $250,000	ROYALTIES & INTEREST	$100,001 - $1,000,000	
	UNION BANK OF CALIFORNIA NA	$15,001 - $50,000	INTEREST	$201 - $1,000	
	MERRILL LYNCH- CMA MONEY FUND	$1,001 - $15,000	INTEREST	$201 - $1,000	
	MERRILL LYNCH- CMA	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	FEDERAL FARM CREDIT BANK	$1,001 - $15,000	INTEREST	$1 - $200	
	FEDERAL HOME LOAN BANK	$15,001 - $50,000	INTEREST	NONE	P
	FEDERAL HOME LOAN BANK	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	FEDERAL HOME LOAN BANK	$15,001 - $50,000	INTEREST	$201 - $1,000	
	FEDERAL NATL MTG ASSOC	$1,001 - $15,000	INTEREST	$201 - $1,000	
	FEDERAL NATL MTG ASSN	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	FEDERAL NATL MTG ASSOC	$50,001 - $100,000	INTEREST	$1,001 - $2,500	P (PARTIAL)
	ADOBE SYS DEL PV	$1,001 - $15,000	DIVIDENDS	NONE	P
	AFLAC INC COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	P (PARTIAL)
	ALLSTATE CORP DEL	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	AMGEN INC COM PV	$1,001 - $15,000	DIVIDENDS	NONE	P (PARTIAL)
	AMN HEALTHCARE SVCS INC	$1,001 - $15,000	DIVIDENDS	NONE	P
	BAKER HUGHES INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	BANK OF NY CO INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	BURLNGTN N SNTA FE	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	COLGATE PALMOLIVE	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	COSTCO WHOLESALE CRP DEL	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	DEVON ENERGY CORP NEW	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	DOMINION RES INC NEW VA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P (PARTIAL)
	ECOLAB INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	EMERSON ELEC CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	EXXON MOBIL CORP COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	FEDRTD DPT STORS DEL NEW	$1,001 - $15,000	DIVIDENDS	NONE	P
	FIRST DATA CORPORATION	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	GENERAL MILLS	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	HEALTH CARE PPTY INVS	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS (PARTIAL)
	JABIL CIRCUIT INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	JPMORGAN CHASE & CO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS (PARTIAL)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

	L-3 COMMNCTNS HLDGS	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS (PARTIAL)
	MBIA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	P (PARTIAL)
	NOKIA CORP SPON ADR	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	STRYKER CORP	$1,001 - $15,000	DIVIDENDS	NONE	PS (PARTIAL)
	TESSERA TECHNOLOGIES	$1,001 - $15,000	DIVIDENDS	NONE	P
	TIME WARNER INC NEW	$1,001 - $15,000	DIVIDENDS	NONE	P
	VERIZON COMMUNICATNS COM	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	WESTERN UN CO (SPIN-OFF OF FIRST DATA CORP)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	3M COMPANY	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	UNION BANK OF CALIFORNIA- CD	$15,001 - $50,000	INTEREST	$201 - $1,000	
	UNION BANK OF CALIFORNIA- CD	$15,001 - $50,000	INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	ALLSTATE CORP DEL COM	P	08-10-06	$1,001 - $15,000
	BANK OF NY CO INC	P	05-03-06	$1,001 - $15,000
	DEVON ENERGY CORP NEW	P	07-27-06	$1,001 - $15,000
	ECOLOAB INC	P	08-24-06	$1,001 - $15,000
	GENERAL MILLS	P	07-27-06	$1,001 - $15,000
	JABIL CIRCUIT INC	P	09-21-06	$1,001 - $15,000
	NOKIA CORP SPON ADR	P	03-09-06	$1,001 - $15,000
	3M COMPANY	P	10-05-06	$1,001 - $15,000
	VERIZON COMMUNICATIONS COM	P	08-31-06	$1,001 - $15,000
	ALLSTATE CORP DEL COM- IRA	P	08-10-06	$1,001 - $15,000
	BANK OF NY CO INC - IRA	P	05-03-06	$1,001 - $15,000
	DEVON ENERGY CORP NEW-IRA	P	07-27-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	ECOLAB INC- IRA	P	08-24-06	$1,001 - $15,000
	GENERAL MILLS-IRA	P	07-27-06	$1,001 - $15,000
	JABIL CIRCUIT INC-IRA	P	09-21-06	$1,001 - $15,000
	STRYKER CORP- IRA	P	03-13-06	$1,001 - $15,000
	NOKIA CORP SPON ADR- IRA	P	03-09-06	$1,001 - $15,000
	STRYKER CORP- IRA	P	05-03-06	$1,001 - $15,000
	TESSERA TECHNOLOGIES INC- IRA	P	02-03-06	$1,001 - $15,000
	TIME WARNER INC NEW- IRA	P	12-13-06	$1,001 - $15,000
	VERIZON COMMUNICATNS COM- IRA	P	08-31-06	$1,001 - $15,000
	3M COMPANY- IRA	P	10-05-06	$1,001 - $15,000
	ADOBE SYS DEL PV	P	11-09-06	$1,001 - $15,000
	AFLAC INC COM	P	06-20-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	ALLSTATE CORP DEL COM	P	08-10-06	$1,001 - $15,000
	AMGEN INC COM PV	P	01-25-06	$1,001 - $15,000
	AMN HEALTHCARE SVCS INC	P	08-24-06	$1,001 - $15,000
	BAKER HUGHES INC	P	06-20-06	$1,001 - $15,000
	BANK OF NY CO INC	P	05-03-06	$1,001 - $15,000
	BURLNGTN N SNTA FE	P	06-20-06	$1,001 - $15,000
	COLGATE PALMOLIVE	P	06-20-06	$1,001 - $15,000
	COSTCO WHOLESLE CRP DEL	P	06-20-06	$1,001 - $15,000
	DEVON ENERGY CORP NEW	P	07-27-06	$1,001 - $15,000
	DOMINION RES INC NEW VA	P	06-20-06	$1,001 - $15,000
	ECOLAB INC	P	08-24-06	$1,001 - $15,000
	EXXON MOBIL CORP COM	P	06-20-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	EMERSON ELEC CO	P	06-20-06	$1,001 - $15,000
	FEDRTD DPT STORS DEL NEW	P	11-15-06	$1,001 - $15,000
	GENERAL MILLS	P	07-27-06	$1,001 - $15,000
	HEALTH CARE PPTY INVS	P	06-20-06	$1,001 - $15,000
	JABIL CIRCUIT INC	P	09-21-06	$1,001 - $15,000
	JPMORGAN CHASE & CO	P	06-20-06	$1,001 - $15,000
	L-3 COMMNCTNS HLDGS	P	06-20-06	$1,001 - $15,000
	MBIA INC	P	06-20-06	$1,001 - $15,000
	NOKIA CORP SPON ADR	P	03-09-06	$1,001 - $15,000
	STRYKER CORP	P	03-13-06	$1,001 - $15,000
	TESSERA TECHNOLOGIES INC	P	02-03-06	$1,001 - $15,000
	TIME WARNER INC NEW	P	12-13-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	VERIZON COMMUNICATNS COM	P	08-31-06	$1,001 - $15,000
	TESSERA TECHNOLOGIES INC	P	06-20-06	$1,001 - $15,000
	3M COMPANY	P	10-05-06	$1,001 - $15,000
	ADOBE SYS DEL PV	P	11-09-06	$1,001 - $15,000
	AFLAC INC COM	P	06-20-06	$1,001 - $15,000
	ALLSTATE CORP DEL	P	08-10-06	$1,001 - $15,000
	AMN HEALTHCARE SVCS INC	P	08-24-06	$1,001 - $15,000
	BAKER HUGHES INC	P	06-20-06	$1,001 - $15,000
	BANK OF NY CO INC	P	05-03-06	$1,001 - $15,000
	BURLNGTN N SNTA FE	P	06-20-06	$1,001 - $15,000
	COLGATE PALMOLIVE	P	06-20-06	$1,001 - $15,000
	COSTCO WHOLESALE CRP DEL	P	06-20-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	DEVON ENERGY CORP NEW	P	07-27-06	$1,001 - $15,000
	DOMINION RES INC NEW VA	P	06-20-06	$1,001 - $15,000
	ECOLAB INC	P	08-24-06	$1,001 - $15,000
	EMERSON ELEC CO	P	06-20-06	$1,001 - $15,000
	EXXON MOBIL CORP COM	P	06-20-06	$1,001 - $15,000
	FEDRTD DPT STORS DEL NEW	P	11-15-06	$1,001 - $15,000
	L-3 COMMNCTNS HLDGS	P	06-20-06	$1,001 - $15,000
	GENERAL MILLS	P	07-27-06	$1,001 - $15,000
	HEALTH CARE PPTY INVS	P	06-20-06	$1,001 - $15,000
	JABIL CIRCUIT INC	P	09-21-06	$1,001 - $15,000
	JPMORGAN CHASE & CO	P	06-20-06	$1,001 - $15,000
	L-3 COMMNCTNS HLDGS	P	08-31-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	MBIA INC	P	06-20-06	$1,001 - $15,000
	NOKIA CORP SPON ADR	P	03-09-06	$1,001 - $15,000
	STRYKER CORP	P	03-13-06	$1,001 - $15,000
	TESSERA TECHNOLOGIES	P	02-03-06	$1,001 - $15,000
	TIME WARNER INC NEW	P	12-13-06	$1,001 - $15,000
	VERIZON COMMUNICATNS COM	P	08-31-06	$1,001 - $15,000
	STRYKER CORP	P	05-03-06	$1,001 - $15,000
	3M COMPANY	P	10-05-06	$1,001 - $15,000
	ADOBE SYS DEL PV	P	11-09-06	$1,001 - $15,000
	AMGEN INC COM PV	P	01-25-06	$1,001 - $15,000
	AMN HEALTHCARE SVCS INC	P	08-24-06	$1,001 - $15,000
	FEDRTD DPT STORS DEL NEW	P	11-15-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	STRYKER CORP	P	03-13-06	$1,001 - $15,000
	STRYKER CORP	P	05-03-06	$1,001 - $15,000
	TESSERA TECHNOLOGIES INC	P	02-03-06	$1,001 - $15,000
	TIME WARNER	P	12-13-06	$1,001 - $15,000
	FEDERAL HOME LOAN BANK- IRA	P	12-05-06	$1,001 - $15,000
	FEDERAL NATL MTG ASSOC- IRA	P	10-10-06	$15,001 - $50,000
	ADOBE SYS DEL PV$- IRA	P	11-09-06	$1,001 - $15,000
	AMN HEALTHCARE SVC INC- IRA	P	08-24-06	$1,001 - $15,000
	FEDRTD DPT STORS DEL NEW- IRA	P	11-15-06	$1,001 - $15,000
	AMGEN INC COM PV	P	06-20-06	$1,001 - $15,000
	BANK OF NY CO INC	P	06-20-06	$1,001 - $15,000
	L-3 COMMNCTNS HLDGS	P	08-31-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	STRYKER CORP	P	05-03-06	$1,001 - $15,000
	STRYKER CORP	P	06-20-06	$1,001 - $15,000
	NOKIA CORP SPON ADR	P	06-20-06	$1,001 - $15,000
	FEDERAL HOME LOAN BANK	P	12-05-06	$50,001 - $100,000
	FEDERAL NATL MTG ASSOC	P	03-06-06	$15,001 - $50,000
	FEDERAL NATL MTG ASSOC	P	06-20-06	$15,001 - $50,000
	FEDERAL HOME LOAN BANK	P	12-05-06	$15,001 - $50,000
	FEDERAL NATL MTG ASSOC	P	06-20-06	$15,001 - $50,000
	AMGEN INC COM PV	P	01-25-06	$1,001 - $15,000
	AMGEN INC COM PV	P	06-20-06	$1,001 - $15,000
	BANK OF NY CO INC	P	06-20-06	$1,001 - $15,000
	NOKIA CORP SPON ADR	P	06-20-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	STRYKER CORP	P	06-20-06	$1,001 - $15,000
	TESSERA TECHNOLOGIES INC	P	06-20-06	$1,001 - $15,000
	~~CALIFORNIA ST PRIN MTIGR~~	~~Other~~	~~05-01-06~~	~~$1,001 - $15,000~~
	ALLTEL CORP DEL	S	11-15-06	$1,001 - $15,000
	BAKER HUGHES INC	S	01-25-06	$1,001 - $15,000
	BAKER HUGHES INC	S	05-03-06	$1,001 - $15,000
	BURLNGTN N SNTA FE	S	03-09-06	$1,001 - $15,000
	BED BATH & BEYOND INC	S	07-06-06	$1,001 - $15,000
	CHECK POINT SOFTWARE TECH	S	04-04-06	$1,001 - $15,000
	COSTCO WHOLESALE CRP DEL	S	04-07-06	$1,001 - $15,000
	CISCO SYSTEMS INC	S	02-03-06	$1,001 - $15,000
	COLGATE PALMOLIVE	S	10-05-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	CORNING INC	S	08-24-06	$1,001 - $15,000
	EBAY INC COM	S	07-25-06	$1,001 - $15,000
	EXXON MOBIL CORP COM	S	07-27-06	$1,001 - $15,000
	EMERSON ELEC CO	S	03-09-06	$1,001 - $15,000
	FLUOR CORP NEW DEL COM	S	09-21-06	$1,001 - $15,000
	HOST HOTELS & RESORTS	S	05-03-06	$1,001 - $15,000
	HEALTH CARE PPTY INVS REIT	S	08-31-06	$1,001 - $15,000
	INTL BUSINESS MACHINES CORP	S	01-25-06	$1,001 - $15,000
	JP MORGAN CHASE & CO	S	08-31-06	$1,001 - $15,000
	L-3 COMMNCTNS HOLDG CL A	S	03-09-06	$1,001 - $15,000
	LOWE'S COMPANIES INC	S	08-10-06	$1,001 - $15,000
	MONSANTO CO NEW DEL COM	S	09-21-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	MONSANTO CO NEW DEL COM	S	10-11-06	$1,001 - $15,000
	MEDTRONIC INC COM	S	02-03-06	$1,001 - $15,000
	MERCK&CO INC	S	08-31-06	$1,001 - $15,000
	MERCK&CO INC	S	11-08-06	$1,001 - $15,000
	NUCOR CORPORATION	S	12-13-06	$1,001 - $15,000
	QUEST DIAGNOSTICS INC	S	08-31-06	$1,001 - $15,000
	QUEST DIAGNOSTICS INC	S	10-03-06	$1,001 - $15,000
	STARWOOD HOTELS AND RESORTS WORLDWIDE NE	S	05-16-06	$1,001 - $15,000
	SLM CORP	S	04-18-06	$1,001 - $15,000
	STARWOOD HOTELS & RESORT CL B	E	04-11-06	$1,001 - $15,000
	STRYKER CORP	S	08-31-06	$1,001 - $15,000
	UNITED PARCEL SVC CL B	S	03-09-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	UNITED PARCEL SVC CL B	S	07-25-06	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	S	02-03-06	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	S	03-13-06	$1,001 - $15,000
	WINDSTREAM CORP	S	07-25-06	$1,001 - $15,000
	WALGREEN CO	S	05-03-06	$1,001 - $15,000
	YAHOO INC	S	08-24-06	$1,001 - $15,000
	FED HOME LOAN MRTG CORP- IRA	S	12-05-06	$1,001 - $15,000
	NUCOR CORPORATION- IRA	S	12-13-06	$1,001 - $15,000
	STARWOOD HOTELS AND COR- IRA	S	05-16-06	$1,001 - $15,000
	STARWOOD HOTELS AND- IRA	S	05-16-06	$1,001 - $15,000
	STARWOOD HOTELS AND CXL- IRA	S	05-16-06	$1,001 - $15,000
	STARWOOD & RESORT- IRA	S	04-11-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	FED HOME LOAN MRTG CORP	S	10-02-06	$1,001 - $15,000
	FED HOME LOAN MRTG CORP	S	12-05-06	$1,001 - $15,000
	~~FEDERAL HOME LOAN BANK BONDS~~	~~Other~~	~~05-15-06~~	~~$1,001 - $15,000~~
	FEDERAL HOME LOAN BANK BONDS	Other	02-15-06	$15,001 - $50,000
	FEDERAL HOME LOAN BANK BONDS	Other	03-15-06	$1,001 - $15,000
	ALLTEL CORP DEL	S	11-15-06	$1,001 - $15,000
	BAKER HUGHES INC	S	01-25-06	$1,001 - $15,000
	BAKER HUGHES INC	S	05-03-06	$1,001 - $15,000
	BURLNGTN N SNTA FE	S	03-09-06	$1,001 - $15,000
	BED BATH & BEYOND INC	S	07-06-06	$1,001 - $15,000
	CHECK POINT SOFTWRE TECH	S	04-04-06	$1,001 - $15,000
	COSTCO WHOLESALE CRP DEL	S	04-07-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	COSTCO WHOLESALE CRP DEL	S	10-12-06	$1,001 - $15,000
	CISCO SYSTEMS INC COM	S	02-03-06	$1,001 - $15,000
	~~COLGATE PALMOLIVE~~	~~S~~	~~10-05-06~~	~~$1,001 - $15,000~~
	CORNING INC	S	08-24-06	$1,001 - $15,000
	EBAY INC COM	S	07-25-06	$1,001 - $15,000
	EXXON MOBIL CORP COM	S	07-27-06	$1,001 - $15,000
	EMERSON ELEC CO	S	03-09-06	$1,001 - $15,000
	FLUOR CORP NEW DEL COM	S	09-21-06	$1,001 - $15,000
	HOST HOTELS & RESORTS	S	05-03-06	$1,001 - $15,000
	HEALTH CARE PPTY INVS REIT	S	08-31-06	$1,001 - $15,000
	INTL BUSINESS MACHINES	S	01-25-06	$1,001 - $15,000
	JPMORGAN CHASE & CO	S	08-31-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	L-3 COMMNCTNS HOLDG CL A	S	03-09-06	$1,001 - $15,000
	LOWE'S COMPANIES INC	S	08-10-06	$1,001 - $15,000
	~~MONSANTO CO NEW DEL COM~~	~~S~~	~~09-21-06~~	~~$1,001 - $15,000~~
	MONSANTO CO NEW DEL COM	S	10-11-06	$1,001 - $15,000
	MEDTRONIC INC COM	S	02-03-06	$1,001 - $15,000
	MERCK&CO INC	S	08-31-06	$1,001 - $15,000
	MERCK&CO INC	S	11-08-06	$1,001 - $15,000
	NUCOR CORPORATION	S	12-13-06	$1,001 - $15,000
	QUEST DIAGNOSTICS INC	S	08-31-06	$1,001 - $15,000
	QUEST DIAGNOSTICS INC	S	10-03-06	$1,001 - $15,000
	STARWOOD HOTELS AND RESORTS WORLDWIDE NE	S	05-16-06	$1,001 - $15,000
	SLM CORP	S	04-18-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	STARWOOD HOTELS & RESORT CL B	E	04-11-06	$1,001 - $15,000
	STRYKER CORP	S	08-31-06	$1,001 - $15,000
	~~UNITED PARCEL SVC CL B~~	~~S~~	~~03-09-06~~	~~$1,001 - $15,000~~
	UNITED PARCEL SVC CL B	S	07-25-06	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	S	02-03-06	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	S	03-13-06	$1,001 - $15,000
	WINDSTREAM CORP	S	07-25-06	$1,001 - $15,000
	WALGREEN CO	S	05-03-06	$1,001 - $15,000
	YAHOO INC	S	08-24-06	$1,001 - $15,000
	ALLTEL CORP DEL	S	11-15-06	$1,001 - $15,000
	BAKER HUGHES INC	S	01-25-06	$1,001 - $15,000
	BAKER HUGHES INC	S	05-03-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	BURLNGTN N SNTA FE	S	03-09-06	$1,001 - $15,000
	BED BATH & BEYOND INC	S	07-06-06	$1,001 - $15,000
	CHECK POINT SOFTWRE TECH	S	04-04-06	$1,001 - $15,000
	COSTCO WHOLESALE CRP DEL	S	04-07-06	$1,001 - $15,000
	COSTCO WHOLESALE CRP DEL	S	10-12-06	$1,001 - $15,000
	CISCO SYSTEMS INC COM	S	02-03-06	$1,001 - $15,000
	COLGATE PALMOLIVE	S	10-05-06	$1,001 - $15,000
	CORNING INC	S	08-24-06	$1,001 - $15,000
	EBAY INC COM	S	07-25-06	$1,001 - $15,000
	EXXON MOBIL CORP COM	S	07-27-06	$1,001 - $15,000
	EMERSON ELEC CO	S	03-09-06	$1,001 - $15,000
	FLUOR CORP NEW DEL COM	S	09-21-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	HOST HOTELS & RESORTS	S	05-03-06	$1,001 - $15,000
	HEALTH CARE PPTY INVS	S	08-31-06	$1,001 - $15,000
	INTL BUSINESS MACHINES CORP	S	01-25-06	$1,001 - $15,000
	JPMORGAN CHASE & CO	S	08-31-06	$1,001 - $15,000
	L-3 COMMNCTNS HOLDG CL A	S	03-09-06	$1,001 - $15,000
	LOWE'S COMPANIES INC	S	08-10-06	$1,001 - $15,000
	MONSANTO CO NEW DEL COM	S	09-21-06	$1,001 - $15,000
	MONSANTO CO NEW DEL COM	S	10-11-06	$1,001 - $15,000
	MEDTRONIC INC COM	S	02-03-06	$1,001 - $15,000
	MERCK&CO INC	S	08-31-06	$1,001 - $15,000
	MERCK&CO INC	S	11-08-06	$1,001 - $15,000
	NUCOR CORPORATIONS	S	12-13-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	QUEST DIAGNOSTICS INC	S	08-31-06	$1,001 - $15,000
	QUEST DIAGNOSTICS INC	S	10-03-06	$1,001 - $15,000
	STARWOOD HOTELS AND RESORTS WORLDWIDE NE	S	05-16-06	$1,001 - $15,000
	SLM CORP	S	04-18-06	$1,001 - $15,000
	STARWOOD HOTELS & RESORT CL B	E	04-11-06	$1,001 - $15,000
	STRYKER CORP	S	08-31-06	$1,001 - $15,000
	UNTIED PARCEL SVC CL B	S	03-09-06	$1,001 - $15,000
	UNITED PARCEL SVC CL B	S	07-25-06	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	S	02-03-06	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	S	03-13-06	$1,001 - $15,000
	WINDSTREAM CORP	S	07-25-06	$1,001 - $15,000
	WALGREEN CO	S	05-03-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	YAHOO INC	S	08-24-06	$1,001 - $15,000
	L-3 COMMNCTINS HLDGS	P	08-31-06	$1,001 - $15,000
	CALIFORNIA ST	P	05-04-06	$15,001 - $50,000
	ALLTEL CORP DEL-IRA	S	11-15-06	$1,001 - $15,000
	MERCK&CO INC-IRA	S	11-08-06	$1,001 - $15,000
	COLGATE PALMOLIVE-IRA	S	10-05-06	$1,001 - $15,000
	MONSANTO CO NEW DEL COM - IRA	S	10-11-06	$1,001 - $15,000
	QUEST DIAGNOSTICS INC- IRA	S	10-03-06	$1,001 - $15,000
	FINANCING CORP STRP- IRA	S	09-26-06	$15,001 - $50,000
	HEALTH CARE PPTY INVS-IRA	S	08-31-06	$1,001 - $15,000
	MONSANTO NEW DEL COM- IRA	S	09-21-06	$1,001 - $15,000
	QUEST DIAGNOSTICS INC-IRA	S	08-31-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	FLUOR CORP NEW DEL COM-IRA	S	09-21-06	$1,001 - $15,000
	JPMORGAN CHASE & CO-IRA	S	08-31-06	$1,001 - $15,000
	MERCK&CO INC- IRA	S	08-31-06	$1,001 - $15,000
	STRYKER CORP-IRA	S	08-31-06	$1,001 - $15,000
	EXXON MOBIL CORP COM- IRA	S	07-27-06	$1,001 - $15,000
	LOWE'S COMPANIES INC- IRA	S	08-10-06	$1,001 - $15,000
	CORNING INC- IRA	S	08-24-06	$1,001 - $15,000
	YAHOO INC- IRA	S	08-24-06	$1,001 - $15,000
	EBAY INC COM-IRA	S	07-25-06	$1,001 - $15,000
	BED BATH & BEYOND INC- IRA	S	07-06-06	$1,001 - $15,000
	UNITED PARCEL SVC CL B- IRA	S	07-25-06	$1,001 - $15,000
	WINDSTREAM CORP- IRA	S	07-25-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	STARWOOD HOTELS AND- IRA	S	05-16-06	$1,001 - $15,000
	FEDERAL HOME LOAN BANK- IRA	S	05-16-06	$1,001 - $15,000
	~~BAKER HUGHES INC- IRA~~	~~S~~	~~05-03-06~~	~~$1,001 - $15,000~~
	STARWOOD HOTELS AND- IRA	S	05-16-06	$1,001 - $15,000
	WALGREEN CO- IRA	S	05-03-06	$1,001 - $15,000
	HOST HOTELS & RESORT- IRA	S	05-03-06	$1,001 - $15,000
	COSTCO WHOLESALE CRP DEL- IRA	S	04-07-06	$1,001 - $15,000
	CHECKPOINT SOFTWRE TECH- IRA	S	04-04-06	$1,001 - $15,000
	SLM CORP-IRA	S	04-18-06	$1,001 - $15,000
	BURLNGTN N SNTA FE-IRA	S	03-09-06	$1,001 - $15,000
	L-3 COMMNCTNS HOLDG CL A- IRA	S	03-09-06	$1,001 - $15,000
	UNITEDHEALTH GROUP INC- IRA	S	03-13-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	EMERSON ELEC CO- IRA	S	03-09-06	$1,001 - $15,000
	UNITED PARCEL SVC CL B- IRA	S	03-09-06	$1,001 - $15,000
	CISCO SYSTEMS INC COM- IRA	S	02-03-06	$1,001 - $15,000
	MEDTRONIC COM- IRA	S	02-03-06	$1,001 - $15,000
	UNITEDHEALTH GROUP INC- IRA	S	03-13-06	$1,001 - $15,000
	INTL BUSINESS MACHINES- IRA	S	01-25-06	$1,001 - $15,000
	BAKER HUGHES INC- IRA	S	01-25-06	$1,001 - $15,000
	CORNING INC	P	04-07-06	$1,001 - $15,000
	FLUOR CORP NEW DEL COM	P	07-06-06	$1,001 - $15,000
	HOST HOTELS & RESORTS	P	04-11-06	$1,001 - $15,000
	MERCK&CO INC	P	02-03-06	$1,001 - $15,000
	MERCK&CO INC	P	02-03-06	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	NUCOR CORPORATION	P	10-12-06	$1,001 - $15,000
	WINDSTREAM CORP	P	04-18-06	$1,001 - $15,000
	YAHOO INC	P	01-25-06	$1,001 - $15,000
	FED HOME LOAN MRTG CORP- IRA	P	04-18-06	$1,001 - $15,000
	NUCOR CORPORATION- IRA	P	10-12-06	$1,001 - $15,000
	FED HOME LOAN MRTG CORP	P	04-18-06	$1,001 - $15,000
	FED HOME LOAN MRTG CORP	P	06-05-06	$15,001 - $50,000
	ALLTEL CORP DEL	P	04-18-06	$1,001 - $15,000
	ALLTEL CORP DEL	P	06-20-06	$1,001 - $15,000
	ALLTEL CORP DEL	P	07-25-06	$1,001 - $15,000
	BED BATH & BEYOND INC	P	05-17-06	$1,001 - $15,000
	BED BATH & BEYOND INC	P	06-20-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	CORNING INC	P	04-07-06	$1,001 - $15,000
	CORNING INC	P	06-20-06	$1,001 - $15,000
	~~FLUOR CORP NEW DEL COM~~	~~P~~	~~07-06-06~~	~~$1,001 - $15,000~~
	HOST HOTELS & RESORTS	P	04-11-06	$1,001 - $15,000
	NUCOR CORPORATION	P	10-12-06	$1,001 - $15,000
	WINDSTREAM CORP	P	04-18-06	$1,001 - $15,000
	YAHOO INC	P	01-25-06	$1,001 - $15,000
	YAHOO INC	P	06-20-06	$1,001 - $15,000
	ALLTEL CORP DEL	P	04-18-06	$1,001 - $15,000
	ALLTEL CORP DEL	P	06-20-06	$1,001 - $15,000
	ALLTEL CORP DEL	P	07-25-06	$1,001 - $15,000
	BED BATH & BEYOND INC	P	05-17-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	BED BATH & BEYOND INC	P	06-20-06	$1,001 - $15,000
	CORNING INC	P	04-07-06	$1,001 - $15,000
	CORNING INC	P	06-20-06	$1,001 - $15,000
	FLUOR CORP NEW DEL COM	P	07-06-06	$1,001 - $15,000
	HOST HOTELS & RESORTS	P	04-11-06	$1,001 - $15,000
	MERCK&CO INC	P	02-03-06	$1,001 - $15,000
	MERCK&CO INC	P	06-20-06	$1,001 - $15,000
	NUCOR CORPORATIONS	P	10-12-06	$1,001 - $15,000
	WINDSTREAM CORP	P	04-18-06	$1,001 - $15,000
	YAHOO INC	P	01-25-06	$1,001 - $15,000
	YAHOO INC	P	06-20-06	$1,001 - $15,000
	EBAY INC	P	06-20-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	LOWE'S COMPANIES	P	06-20-06	$1,001 - $15,000
	QUEST DIAGNOSTICS	P	06-20-06	$1,001 - $15,000
	STRYKER CORP	P	03-13-06	$1,001 - $15,000
	UNITED PARCEL SVC	P	01-25-06	$1,001 - $15,000
	UNITED PARCEL SVC	P	06-20-06	$1,001 - $15,000
	ALLTEL CORP	P	04-18-06	$1,001 - $15,000
	ALLTEL CORP	P	07-25-06	$1,001 - $15,000
	MONSANTO CO NEW DEL COM	P	06-20-06	$1,001 - $15,000
	MERCK&CO INC	P	02-03-06	$1,001 - $15,000
	MERCK&CO INC	P	06-20-06	$1,001 - $15,000
	BED BATH & BEYOND INC	P	05-17-06	$1,001 - $15,000
	EBAY INC	P	06-20-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	LOWE'S COMPANIES	P	06-20-06	$1,001 - $15,000
	QUEST DIAGNOSTICS	P	06-20-06	$1,001 - $15,000
	~~STRYKER CORP~~	~~P~~	~~03-13-06~~	~~$1,001 - $15,000~~
	STRYKER CORP	S	08-31-06	$1,001 - $15,000
	STRYKER CORP	P	03-13-06	$1,001 - $15,000
	STRYKER CORP	S	08-31-06	$1,001 - $15,000
	UNITED PARCEL SVC	P	01-25-06	$1,001 - $15,000
	UNITED PARCEL SVC	P	01-25-06	$1,001 - $15,000
	UNITED PARCEL SVC	P	6-20-06	$1,001 - $15,000
	ALLTEL CORP- IRA	P	04-18-06	$1,001 - $15,000
	MERCK&CO INC- IRA	P	02-03-06	$1,001 - $15,000
	FLUOR CORPORATION- IRA	P	07-06-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	CORNING INC- IRA	P	04-07-06	$1,001 - $15,000
	YAHOO INC- IRA	P	01-25-06	$1,001 - $15,000
	BED BATH & BEYOND- IRA	P	05-17-06	$1,001 - $15,000
	WINDSTREAM CORP- IRA	P	04-18-06	$1,001 - $15,000
	HOST HOTELS & RESORTS- IRA	P	04-11-06	$1,001 - $15,000
	MONSANTO CO NEW DEL COM	P	06-20-06	$1,001 - $15,000

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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HC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

John N. Boozman
(Full Name)

37 Champions Blvd.
Rogers, AR 72758
(Mailing Address)

479-273-5099
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: AR District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Boozman	5-14-07

Name John Boozman | Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
JT	Northwest Mutual Life				X												X						X									
JT	AR National Bank			X													X					X										
JT	AG Edwards		X														X					X										
JT	Arvest Bank			X													X					X										
JT	AIM S-T Treasury		X														X					X										
JT	ABG Govt Bond Fund				X												X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Boozman

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	ABG Muni Bond Fund-AR			X													X						X									
JT	ABG Muni Bond Fund-other					X											X								X							
JT	ABG Equity Fund						X								X		X	X								X						
JT	Ameritrade		X											X																		
JT	Boozman-Hof 401-K								X											N/A												
JT	Congressional Fed. Credit Union			X										X							X											

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SCHEDULE IV — TRANSACTIONS

Name John Boozman | Page 4 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
JT	ABG - Equity Fund		X		1-4-06	X									
JT	ABG - Equity Fund		X		5-31-06	X									
JT	ABG - Equity Fund		X		6-30-06	X									
JT	ABG - Equity Fund		X		8-31-06	X									
JT	ABG - Equity Fund		X		10-31-06	X									
JT	ABG - Equity Fund		X		12-31-06	X									
JT	AIM S-T Treasury Fund		X		5-11-06		X								
JT	AIM S-T Treasury Fund	X			1-4-06	X									
JT	AIM S-T Treasury Fund	X			7-11-06	X									
JT	AIM S-T Treasury Fund	X			9-12-06	X									
JT	AIM S-T Treasury Fund	X			11-21-06	X									

This page may be copied if more space is required.

Name John Boozman | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Honda Financing	Vehicle loan		X								
JT	GMAC	Vehicle loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A — For use by Members, officers, and employees

HAND DELIVERED (8)

LEGISLATIVE RESOURCE CENTER

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Madeleine Z. Bordallo
(Full Name)

427 Cannon House Office Building Washington, DC 20515
(Mailing Address)

202 225 1188
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: GU District AL	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Madeleine Z. Bordallo	5/15/07

SCHEDULE I - EARNED INCOME

Name Madeleine Z. Bordallo

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Government of Guam, Lieutenant Governor	Lieutenant Governor's Pension	$42,499.92
Government of Guam, Survivor's Benefit	Survivor's Benefit Pension	$12,499.92

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Madeleine Z. Bordallo

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. ~~Exclude: Your personal residence(s) (unless there is rental income);~~ any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
(Jonestown) 160 Trenton Blvd. Tamuning, Guam 96912	$1,000,001 - $5,000,000	RENT	$50,001 - $100,000	
(Westbury) 5500 SW 30th Avenue Marion County Ocala, FL 34474	$250,001 - $500,000	RENT	$15,001 - $50,000	
Checking Account Sun Trust Bank Ocala, FL	$15,001 - $50,000	INTEREST	$1 - $200	
Checking Account "MZB Enterprise" Hagatna, Guam 96910	$50,001 - $100,000	NONE	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Madeleine Z. Bordallo

	Checking Account Congressional Federal Credit Union	$50,001 - $100,000	NONE	NONE	
	Certificates of Deposit (4) Congressional Federal Credit Union	$250,001 - $500,000	INTEREST	$15,001 - $50,000	
	Certificate of Deposit (1) Congressional Federal Credit Union	$50,001 - $100,000	INTEREST	$201 - $1,000	P

SCHEDULE IV - TRANSACTIONS

Name Madeleine Z. Bordallo

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Certificate of Deposit (1) Congressional Federal Credit Union	P	6-20-2006	$50,001 - $100,000
	(Pre-Construction Contract payment for a condominium) Nevada Title Company (Turnberry Associates) Turnberry West Tower Paradise Road and Karen Avenue Las Vegas, Nevada	P	2-13-06	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Madeleine Z. Bordallo

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Bank of Guam Hagatna, Guam 96910	Mortgage on 160 Trenton Blvd (Tamuning Rental Home) Tamuning, Guam 96912	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Madeleine Z. Bordallo

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Trilateral (US-Japan-Korea) Legislative Exchange Program	Nov 27-Dec 2, 2006	DC-Seoul-DC	Y	Y	N	0

SCHEDULE VIII - POSITIONS

Name Madeleine Z. Bordallo

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
(Unpaid) Board of Directors	Latte of Freedom Foundation Hagatna, Guam 96910
(Unpaid) Board of Directors	R.J. Bordallo Foundation Hagatna, Guam 96910
(Unpaid) Advisor	Salvation Army of Guam Hagatna, Guam 96910

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

HAND DELIVERED

(9)

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 1:53
HC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

David Daniel Boren
(Full Name)

818 North David Lane Muskogee, OK 74403
(Mailing Address)

202/225-2701
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: OK District: 2	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David Daniel Boren	5/15/07

SCHEDULE I - EARNED INCOME

Name David Daniel Boren

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
US House of Representatives	Salary	$165,200
Muskogee Women's Center	Spouse Salary	N/A
Shady Grove Fertility	Spouse salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Daniel Boren

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
LOCL OK State Municipal power authority, power supply systems bond	$1,001 - $15,000	INTEREST	$1 - $200	E
LOCL real estate in Ada, OK	$1,001 - $15,000	RENT	$1 - $200	
LOCL-note recievable from JB Coleman Kingston, OK	$1,001 - $15,000	INTEREST	$1 - $200	
LOCL Interest in courage special situation fund, LP investment, Nashville, TN	$15,001 - $50,000	Other: Partnership income	$2,501 - $5,000	
LOCL Grand River Dam Authority (OK Bonds)	$1,001 - $15,000	INTEREST	$1 - $200	
LOCL Federated Capital reserves money market fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Daniel Boren

	Trophy Club ranch-Commercial hunting operation LLC Batesville, TX	$100,001 - $250,000	Other: Partnership income	NONE	
	AVA O, LLC, Minerals Madill, OK (7.69% interest)	$15,001 - $50,000	Other: Partnership income	$5,001 - $15,000	
	Land Oil Company, Ltd. Madill, OK	$250,001 - $500,000	Other: Partnership income	$50,001 - $100,000	
	Red River Pine LLC Madill, OK Timber Harvests	$250,001 - $500,000	Other: Partnership income	NONE	
	Chinn Exploration Company Revenue Distributions	Variable (see explanation	DIVIDENDS	$1,001 - $2,500	
	First National Bank of Wewoka	$15,001 - $50,000	INTEREST	$201 - $1,000	
	BancFirst Checking Account	$1,001 - $15,000	INTEREST	$201 - $1,000	
	First United Bank tax Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Boren Ranch LLC McIntosh County, OK	$100,001 - $250,000	None	NONE	P
	Downtown Investment Group, LLC Wewoka, OK (Real Estate)	$1 - $1,000	Other: partnership income	NONE	
	First United Investment services Main Account certificate of deposit countrywide bank	$50,001 - $100,000	INTEREST	$2,501 - $5,000	P
	First United investment services (ACERX)-Van Kamper equity and income fund	$15,001 - $50,000	INTEREST	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Daniel Boren

	retirement accounts MFS SFPTR1 Strategic growth IRA (MSBGX)	$1,001 - $15,000	INTEREST	$1 - $200	Other-rollover
	SEP IRA Scudder Total Return IRA (KTRBX)	$15,001 - $50,000	INTEREST	$201 - $1,000	Other-rollover

SCHEDULE IV - TRANSACTIONS

Name David Daniel Boren

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Boren Ranch LLC McIntosh County, OK	P	6-27-06	$100,001 - $250,000
	First United Investment services Main Account certificate of deposit countrywide bank	P	1-06	$50,001 - $100,000
	First United investment services (ACERX)-Van Kamper equity and income fund	P	1-06	$15,001 - $50,000
	retirement accounts MFS SFPTR1 Strategic growth IRA (MSBGX)	Other	1-06	$1,001 - $15,000
	SEP IRA Scudder Total Return IRA (KTRBX)	Other	1-06	$15,001 - $50,000
	LOCL OK State Municipal power authority, power supply systems bond	E	2006	bond matured

SCHEDULE V - LIABILITIES

Name David Daniel Boren

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	First United Bank	Loan on Boren Ranch, LLC, McIntosh County, OK	$100,001 - $250,000
	First National Bank of Wewoka	Campaign Loan (paid off 6-9-06)	$100,001 - $250,000
	First State Bank, Hallsville, TX	Unsecured (paid off 7-19-06)	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name David Daniel Boren

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute (Tour of hurricane damage)	Jun. 1-5	Tulsa-New Orleans-Tulsa	Y	Y	N	none

SCHEDULE VIII - POSITIONS

Name David Daniel Boren

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Trophy Club Ranch, Batesville, TX
Partner	AVA O Limited Company, Madill, OK
Partner	Land Oil Company, Ltd., Madill, OK
Partner	Red River Pine, Ltd., Madill, OK
Partner	RPL Restaurant Group, LP, Longview, TX
Partner	Downtown Investment Group, LLC, Wewoka, OK
Member of Board	Jasmine Moran Children's Museum, Seminole, OK

(5)

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY -7 PM 3:04
MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Leonard L. Boswell
(Full Name)

4323 Grand Ave, #433
(Mailing Address)

202-225 3806
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: IA District: 3	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Leonard L Boswell	5-7-07

Name Leonard L. Boswell | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Central Decatur Community School	Spouse Salary	45.00
	Lamoni Community School	Spouse Salary	1061.68
	State of Iowa	Legislative Pension	8245.53
	Clarke Community School	Spouse Salary	1000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Leonard L. Boswell | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Agricultural land 475 A Neal Bella Burrell Township, Dodge							X									N/A								N/A							
	Farm Equipment						X										N/A								N/A							
	Breeding Stock (Cattle)						X								Sale of calves													X				
*	Lynn Co (Cellular Tower)						N/A									X									X							

* Don't know value - doesn't belong to me, I lease space for their Tower location.

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Leonard L. Boswell | Page 4 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10-12-06		X								
	Sale of calves			X					X							

This page may be copied if more space is required.

Name Leonard L. Boswell | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Great Western Bank, Leon, IA	Loan on farm tractor		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A — For use by Members, officers, and employees

Frederick C. Boucher
(Full Name)

2187 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

(202)-225-3861
Daytime Telephone:

Filer Status: [x] Member of the U.S. House of Representatives — State: VA — District: 09 — [ ] Officer Or Employee — Employing Office:

Report Type: [x] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [x]	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [x]	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x] No [ ]	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x] No [ ]	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [x]	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [x]	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x] No [ ]	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [x]	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [x]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [x]
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [x] No [ ]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Frederick C. Boucher	5/14/07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederick C. Boucher

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
1 Bank of America Checking Account	$1,001 - $15,000	INTEREST	$1 - $200	
3 Nations Securities Savings Account	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
2 BB&T Common Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
4 South Financial Group	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
5 Vanguard S&P 500 Index Mutual Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
6 Rydex Over the Counter Mutual Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederick C. Boucher

7	New River Funds Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
8	Individual Retirement Account, Nations Securities	$15,001 - $50,000	DIVIDENDS/INTEREST	$1,001 - $2,500	
9	Holdings in Individual Retirement Account				
10	Jabil Circuit, Inc. Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
11	Rydex OTC Investor Class Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
12	Fidelity 4-in-1 Index Fund	$15,001 - $50,000	DIVIDENDS/INTEREST	$201 - $1,000	
13	Harbor International Mutual Funds	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
14	Lot - Town of Damascus	$1,001 - $15,000		NONE	
15	Lot - Washington County	$1,001 - $15,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name Frederick C. Boucher

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
1	Vanguard S&P 500 Index Mutual Fund	S	10-04-06	$15,001 - $50,000
2	Jabil Circuit, Inc. Common Stock	S	10-04-06	$1,001 - $15,000
3	Rydex Over the Counter Mutual Fund	S	10-04-06	$1,001 - $15,000
4	Harbor International Mutual Funds	P	10-04-06	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Frederick C. Boucher

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Please see attached Page 5A			N	N	N	

SCHEDULE VII
TRAVEL PAYMENTS AND REIMBURSEMENTS

Source	Dates	Point of Departure-Destination-Point of Return	Lodging	Food	Family Member Included	Any time not at Sponsor's Expense
National Telecommunications Cooperative Association – Keynote address on Universal Service Reform legislation I have introduced to Annual National Convention of Rural Telephone Cooperatives.	2/4/06-2/6/06	Washington, DC – San Diego, CA – Washington, DC	Yes	Yes	Yes	2 days
Mid-Atlantic Council of Regulatory Utility Commissioners – Keynote speech to regional conference on prospects for legislative reform of the Federal Universal Service Fund.	6/24/06-6/25/06	Washington, DC – Hot Springs, VA – Washington, DC	Yes	Yes	Yes	0 days
Sony Corporation/Roundtable discussion on legislative proposals for an audio broadcast flag and for the need for fair use protections.	4/11/06-4/13/06	Abingdon, VA – New York City, NY – Abingdon, VA	Yes	Yes	Yes	0 days
Tampa Electric Power Company/Visit to integrated gasification combined cycle demonstration power station followed by roundtable discussion with executives of the company about the potential for further deployment of clean coal technologies and the use of IGCC in conjunction with greenhouse gas emission controls.	11/8/06-11/9/06	Abingdon, VA – Tampa, FL – Abingdon, VA	Yes	Yes	Yes	1 day

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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Frederick C. Boucher

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Please see attached Page 5B			N	N	N	

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SCHEDULE VII AMENDMENT
TRAVEL PAYMENTS AND REIMBURSEMENTS

Source	Dates	Point of Departure-Destination-Point of Return	Lodging	Food	Family Member Included	Any time not at Sponsor's Expense
Montana Telecommunications Association for keynote speech to annual conference on prospects for passage of comprehensive federal universal service reform legislation which I have introduced.	8/5/06-8/9/06	Washington, DC – Bozeman, MT – Washington, DC	Yes	Yes	Yes	3 days
Tri-State Telecommunications Association for keynote speech to joint annual meeting of Wyoming, Idaho, and Utah telecommunications associations on prospects for passage of federal universal service reform legislation which I have introduced.	8/9/06-8/10/06	Bozeman, MT – Jackson, WY – Bozeman, MT	Yes	Yes	Yes	0 days

Frederick C. Boucher
May 22, 2007

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Charles William Boustany, Jr.
(Full Name)

104 Roswell Crossing
(Mailing Address)
Lafayette, LA 70508

Daytime Telephone
202-225-2031

Filer Status	[X] Member of the U.S. House of Representatives — State: LA District: 07	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	C W Boustany Jr	5/14/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Paul Revere Life Insurance Co. as administrator for New York Life Insurance Co.	Proceeds from disability policies	264,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Charles W. Boustany, Jr. Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: None	A: $1 - $1,000	B: $1,001 - $15,000	C: $15,001 - $50,000	D: $50,001 - $100,000	E: $100,001 - $250,000	F: $250,001 - $500,000	G: $500,001 - $1,000,000	H: $1,000,001 - $5,000,000	I: $5,000,001 - $25,000,000	J: $25,000,001 - $50,000,000	K: Over $50,000,000	L	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCERPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I: $1 - $200	II: $201 - $1,000	III: $1,001 - $2,500	IV: $2,501 - $5,000	V: $5,001 - $15,000	VI: $15,001 - $50,000	VII: $50,001 - $100,000	VIII: $100,001 - $1,000,000	IX: $1,000,001 - $5,000,000	X: Over $5,000,000	XI	Block E: P, S, or E
SP	SP Mega Corp Stock					X									X										X									P
DC	Examples: Simon & Schuster			Indefinite																	Royalties									X				
JT	1st Bank of Paducah KY accounts							X									X										X							
JT	Iberia Bank Accounts				X																		X											
JT	Congressional Federal Credit Union Acct.				X																	X												
JT	Congressional Federal Credit Union Savings Acct		X																				X											
JT	JP Morgan Chase stock			X												X							X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles William Boustany Jr. Page 4 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
SP	Hillcorp Energy		Royalty	IV: X	
SP	Vintage Petroleum		Royalty	IV: X	
SP	Whittier Operating Inc		Royalty	II: X	
SP	Amerada Hess		Royalty	II: X	
SP	Plains Marketing		Royalty	II: X	
SP	Devon Louisiana Corp		Royalty	IV: X	
SP	Bepco LP		Royalty	III: X	
JT	Charles W. Boustany Jr MD Pension Medical Corp Profit Sharing Plan with National Financial Services	B: X	Retirement Plan	III: NA	
JT	Cash Account with National Financial Services	B: X	INTEREST	IV: X	

SP, DC, JT	BLOCK A	BLOCK B A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000
JT	Charles W. Boustany Jr MD Pension Medical Corp Profit Sharing Plan with National Financial Services							X					
JT	Cash Account with National Financial Services			X									

SP, DC, JT	BLOCK A	BLOCK C NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)
SP	Hillcorp Energy							Royalty
SP	Vintage Petroleum							Royalty
SP	Whittier Operating Inc							Royalty
SP	Amerada Hess							Royalty
SP	Plains Marketing							Royalty
SP	Devon Louisiana Corp							Royalty
SP	Bepco LP							Royalty
JT	Charles W. Boustany Jr MD Pension Medical Corp Profit Sharing Plan with National Financial Services							Retirement Plan
JT	Cash Account with National Financial Services				X			

SP, DC, JT	BLOCK A	BLOCK D None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI
SP	Hillcorp Energy					X							
SP	Vintage Petroleum					X							
SP	Whittier Operating Inc			X									
SP	Amerada Hess			X									
SP	Plains Marketing			X									
SP	Devon Louisiana Corp					X							
SP	Bepco LP				X								
JT	Charles W. Boustany Jr MD Pension Medical Corp Profit Sharing Plan with National Financial Services				NA								
JT	Cash Account with National Financial Services					X							

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

F. Allen Boyd, Jr.
(Full Name)

4867 Ashville Highway Monticello, FL 32344
(Mailing Address)

202-225-5235
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative State: FL District: 2 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

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III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☐ No ☑
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VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	F Allen Boyd, Jr	05/17/2007

SCHEDULE I - EARNED INCOME

Name F. Allen Boyd, Jr.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Florida Insurance Consultants	Spouse Commission	N/A
Boyd Family Farms	Spouse Management	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name F. Allen Boyd, Jr.

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. ~~Exclude: Your personal residence(s) (unless there is rental income);~~ any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Ameris Bancorp (formerly ABC Capital Bank)	$1,001 - $15,000	DIVIDENDS	$15,001 - $50,000	S
BCT Cotton Gin-Valdosta, GA	$1,000,001 - $5,000,000	DIVIDENT/RENT/ INTEREST	$50,001 - $100,000	
Boyd Family Farms, Inc.- Ashville, FL	$500,001 - $1,000,000	DIVIDENDS	$5,001 - $15,000	
Boyd-Tuten Cattle Farm- Monticello, FL	$100,001 - $250,000	CAPITAL GAINS	NONE	
Capital City Bank	$250,001 - $500,000	DIVIDENDS	$5,001 - $15,000	
Coastal Plains Farmers Group	$1,001 - $15,000	DIVIDENDS/INTE REST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name F. Allen Boyd, Jr.

	F.A. Boyd & Sons-Ashville, FL	$1,000,001 - $5,000,000	DIVIDENDS	NONE	
	FABJ Inc.-Ashville, FL	$1,001 - $15,000	DIVIDENDS	NONE	
	Flyway Farm-Greenville, FL	$250,001 - $500,000	Other: real estate	NONE	
	Life Insurance	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
	Millwood	$500,001 - $1,000,000	Other: Real Estate	NONE	
	NBC Securities	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	SEP-IRA/Janney Montgomery Scott	$50,001 - $100,000	DIVIDENDS	$1 - $200	
	Wright-Patman FCU	$15,001 - $50,000	INTEREST	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name F. Allen Boyd, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Ameris Bancorp (formerly ABC Capital Bank)	S	Sept. 2006	$250,001 - $500,000
	Millwood/Alexander Property	P	Feb. 2006	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name F. Allen Boyd, Jr.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Farm Credit Service	Mortgage on Millwood	$500,001 - $1,000,000

SCHEDULE VIII - POSITIONS

Name F. Allen Boyd, Jr.

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President and Majority Stockholder	Boyd Family Farms, Inc.
President	FABJ, Inc.
Board Member	FA Boyd & Sons, Inc.
Vice President	Boyd-Tuten Cattle Farm

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

35

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 29 PM 2:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

NANCY E. BOYDA
(Full Name)
5009 CEDAR CREST ROAD
(Mailing Address)
TOPEKA, KANSAS
Daytime Telephone: 785-783-3454

Filer Status	[X] Member of the U.S. House of Representatives	State: KANSAS District: SECOND	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? ***If yes, complete and attach Schedule IV.***	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Nancy Boyda	5/29/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
(SPOUSE)	BOYDA LAW OFFICE	BUSINESS FEES	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name REP. NANCY BOYDA | Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2006	$500
NONE	—	—	0

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Name REP. NANCY BOYDA | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP	Mega Corp Stock	E	NONE	IV	P
DC	Simon & Schuster	Indefinite	Royalties	IX	
JT	1st Bank of Paducah, KY accounts	F	INTEREST	VI	
	TOPEKA, KANSAS BANK OF AMERICA ACCT	C	INTEREST	II	
	EDWARD JONES	(SEE ATTACHMENT 1(A))			
	EDWARD JONES	(SEE ATTACHMENT 1(B))			
	BANK OF AMERICA(CO)	E	INTEREST	IV	
JT	CAPITAL CITY BANK CHECKING ACCT. TOPEKA, KS	C	INTEREST	II	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name REP. NANCY BOYDA

SP, DC, JT	BLOCK A Asset and/or Income Source (BEATTIE, KS ~~[illegible]~~)	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	BANK OF THE PRAIRIE			X													X					X										
SP	UNITED BANK & TRUST						X										X			(CD, CHECKING, SAVINGS, CURRENT CASH VALUE)				X								
SP	MMM MUTUAL INVS				X										X									X								
SP	Ameriprise				X		(SEE ATTACHMENT)								X									X								
SP	NOTE RECEIVABLE*				X												X							X								
SP	MG Edwards				X		(SEE ATTACHMENT)								X									X								
SP	CANCER POLICY/CASH VAL			X											X					(CURRENT CASH VALUE)			X									
SP	16 LOTS BISBEE, AZ						X											X			X											
SP	BOYDA LAW OFFICE					X								X						(BUS. ASSETS)	X											
SP	EDWARD JONES	(SEE ATTACHMENT														# 2																
SP	EDWARD JONES	(SEE ATTACHMENT														# 3																
SP	EDWARD JONES	(SEE ATTACHMENT														# 4																
SP	HYPOVISION BANK			X													X						X									
SP	SCOTTRADE ACCOUNT				X		(SEE ATTACHMENT)								X								X									
	CAPITOL FEDERAL ACCT TOPEKA, KANSAS		X														X					X										

*University Apartments Development Company Wichita, Kansas

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SCHEDULE IV — TRANSACTIONS

Name REP. NANCY BOYDA

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-06		X								
	SEE ATTACHMENT 1(A)														
	SEE ATTACHMENT 1(B)														
SP	SEE ATTACHMENT 2														
SP	SEE ATTACHMENT 3														
SP	SEE ATTACHMENT 4														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	EDWARD JONES	BUSINESS LOAN					X	(PAID OFF)				
SP	UNITED BANK & TRUST	BUSINESS LOAN		X								
SP	ST. LUKE'S HOSPITAL	MEDICAL		X	(PAID OFF)							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	PARSON'S BUSINESS COMMUNITY	NOV 9	TOPEKA – PARSONS TOPEKA	N	N	Y	NONE

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2007 33 427 (mac)

Use additional sheets if more space is required.

Account number:
Statement type: Preferred
November 25 – December 31, 2006

Edward Jones

EDWARD D JONES & CO CUSTODIAN
FBO NANCY THRUTCHLEY-BOYDA IRA
510 SW 10TH ST
TOPEKA KS 66612-1606

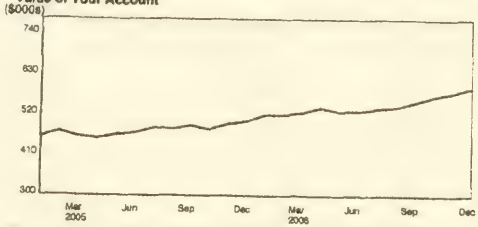
Value Summary (Held at Edward Jones)

Value on Dec 31	$586,479.68
Value on Nov 25	$574,791.11
Value one year ago	$497,377.39

Summary of Your Assets

Held at Edward Jones	Value on Dec 31	Value on Nov 25	Change in value
Cash & money market	$3.28	$3.28	$0.00
Bonds	34,349.15	34,403.35	-54.20
Stocks	5,869.58	5,925.51	-55.93
Mutual funds	546,257.67	534,458.97	11,798.70
Total at Edward Jones	**$586,479.68**	$574,791.11	$11,688.57

Value of Your Account



This chart shows how the value of your account has changed recently (includes only assets held at Edward Jones). While it's important to be aware of short-term results, don't lose sight of the long term. Edward Jones believes a long-term investment strategy offers the greatest potential for success.

ATTACHMENT # 1 (A)

Your Retirement Account Summary

	This period	Cumulative
2006 Contributions	$0.00	$0.00
2005 Contributions	$0.00	$0.00

Information Regarding Your 2007 Required Minimum Distribution (RMD)
If you are age 70½ or older, the Internal Revenue Service (IRS) may require you to remove a minimum distribution from your retirement account by Dec. 31, 2007. However, if you turn 70½ in 2007, you may defer your 2007 RMD until April 1, 2008. If an RMD is due, Edward Jones will report that information to the IRS on IRS Form 5498. Contact your investment representative for this calculation.

Summary of Your Income

	This Period	Year-to-date
Income from securities		
Interest	~	$2,162.50
Dividends	5,742.31	14,750.32
Capital gain distributions	18,574.71	18,574.71
Total	$24,317.02	$35,487.53

Your Estimated Interest and Dividends

The following is an estimated summary of your interest and dividend income for the next 12 months. It is based on a variety of factors. These factors, including distribution rates and amount of principal invested, are subject to change. Because they are estimates, the specific amounts listed here are not guaranteed by Edward Jones or by the underlying issuer(s) of the securities. Income from items with * is being reinvested.

		2007												
Corporate Bonds	Quantity	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
CIT GROUP INC INTERNOTES 5.7500%*	10,000			287						287				574
GMAC SMARTNOTES 7.2500%*	15,000			543						543				1,086
Government and agency securities														
FHLMC MEDIUM TERM NOTE 5.0000%*	10,000			250						250				500
Stocks														
TARGET CORP*	102			12			12			12			12	48

445

2

Mutual Funds	Quantity	2007 JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
AMERN HIGH INCOME TRUST FUND A*	1,779	169	169	169	169	169	169	169	169	169	169	169	169	2,028
BOND FUND OF AMERICA CL A*	1,862	120	120	120	120	120	120	120	120	120	120	120	120	1,440
CAPITAL INCOME BUILDER FUND A*	3,352			1,642			1,642			1,642			1,642	6,568
CAPITAL WORLD GRTH & INCM CL A*	1,430			214			214			214			214	856
GROWTH FUND OF AMERICA CL A*	2,117												578	578
INVESTMENT CO OF AMERICA CL A*	3,564			534			534			534			534	2,136
NEW PERSPECTIVE FUND CL A*	1,023												510	510
SMALLCAP WORLD FUND CL A*	391												272	272
Total		**289**	**289**	**3,771**	**289**	**289**	**2,691**	**289**	**289**	**3,771**	**289**	**289**	**4,051**	**16,596**

Maturity Schedule

Maturing in	0–5 years	6–15 years	16 or more years
Amount maturing	$10,000	$25,000	~
Current market value	$10,030	$24,319	~
Percent of total maturing value	28.57%	71.43%	~

Your Assets at Edward Jones

Cash and money market funds	7-day current yield	7-day compounded yield	Current value
Cash			$3.28
Total cash and money market funds			**$3.28**

Bonds Corporate bonds	Rating	Maturity value	Maturity date	Interest rate	Current value	Amount invested	Amount withdrawn	Your yield to maturity
CIT GROUP INC INTERNOTES DTD 09/25/2002	A/A2	$10,000.00	09/25/2007	5.750%	$10,030.40	$9,906.00	~	5.97%
GENERAL MOTORS ACCEPTANCE CORP SMARTNOTES DTD 09/24/2002 CALLABLE 03/15/2007 @ 100.00	BB+/Ba1	15,000.00	09/15/2017	7.250%	14,456.25	15,000.00	~	7.25%
Total corporate bonds		$25,000.00			$24,486.65	$24,906.00	~	

Government and agency securities	Rating	Maturity value	Maturity date	Interest rate	Current value	Amount invested	Amount withdrawn	Your yield to maturity
FEDERAL HOME LOAN MORTGAGE CORP MEDIUM TERM NOTE DTD 09/19/2002 CALLABLE ANYTIME @ 100.00	AAA/Aaa	$10,000.00	09/15/2014	5.000%	$9,862.50	$10,000.00	~	4.00%
Total government and agency securities		$10,000.00			$9,862.50	$10,000.00	~	
Total bonds		$35,000.00			$34,349.15	$34,906.00	~	

Stocks	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amount invested	Amount withdrawn
TARGET CORP Symbol: TGT	Growth Buy	57.050	102.88477	$5,869.58	$3,590.47	~
Total stocks				$5,869.58	$3,590.47	~

Account number: [redacted]
Statement type: Preferred
November 25 – December 31, 2006

Edward Jones

Mutual funds	Our asset category	Current price	Current shares	Current value	Amount invested	Amount withdrawn
AMERICAN HIGH INCOME TRUST CL A Quote Symbol: AHITX	Aggressive Income	12.61	1,779.587	$22,440.59	$15,000.00	~
BOND FUND OF AMERICA CL A Quote Symbol: ABNDX	Income	13.32	1,662.145	22,139.77	20,500.00	~
CAPITAL INCOME BUILDER FUND CL A Quote Symbol: CAIBX	Growth & Income	61.11	3,352.585	204,876.47	180,886.10	-15,000.00
CAPITAL WORLD GROWTH & INCOME FUND CL A Quote Symbol: CWGIX	Growth & Income	41.93	1,430.611	59,985.52	37,706.25	-5,000.00
GROWTH FUND OF AMERICA CL A Quote Symbol: AGTHX	Growth	32.87	2,117.293	69,595.42	46,041.65	-10,000.00
INVESTMENT COMPANY OF AMERICA CL A Quote Symbol: AIVSX	Growth & Income	33.51	3,564.220	119,437.01	~	~
NEW PERSPECTIVE FUND CL A Quote Symbol: ANWPX	Growth	31.74	1,023.687	32,491.63	~	~
SMALLCAP WORLD FUND CL A Quote Symbol: SMCWX	Aggressive	39.07	391.376	15,291.06	6,249.50	~
Total mutual funds				**$546,257.67**	~	~
Total estimated asset value				**$586,479.68**		

5

Summary of Your Investment Activity

Total cash and money market funds on Nov 25	$3.28
Additions	
Income	$24,317.02
Proceeds from securities sold	$0.00
Total additions	$24,317.02
Subtractions	
Withdrawals to purchase securities	-$24,317.02
Total subtractions	-$24,317.02
Total cash and money market funds on Dec 31	**$3.28**

Detail of Your Investment Activity

Additions

	Type	Date		Quantity	Amount per share	Rate	Amount	Where Invested
Income	Dividends	11/27	BOND FUND OF AMERICA CL A AT DAILY ACCRUAL RATE	1643.628			$86.37	Reinvested
		11/29	AMERN HIGH INCOME TRUST FUND A AT DAILY ACCRUAL RATE	1752.86			131.44	Reinvested
		12/11	TARGET CORP	102.67735	0.12		12.32	Reinvested
		12/19	GROWTH FUND OF AMERICA CL A	2032.765	0.273		556.77	Reinvested
		12/21	CAPITAL WORLD GRTH & INCM CL A	1363.485	0.25		340.87	Reinvested
		12/21	CAPITAL INCOME BUILDER FUND A	3247.819	0.30		974.35	Reinvested

Additions, continued

	Type	Date		Quantity	Amount per share	Rate	Amount	Where Invested
Income	Dividends	12/21	CAPITAL INCOME BUILDER FUND A AT DAILY ACCRUAL RATE	3247.819			$1,591.31	Reinvested
		12/22	INVESTMENT CO OF AMERICA CL A	3330.004	0.29		965.70	Reinvested
		12/26	BOND FUND OF AMERICA CL A AT DAILY ACCRUAL RATE	1650.078			119.60	Reinvested
		12/26	BOND FUND OF AMERICA CL A	1650.078	0.025		41.25	Reinvested
		12/27	NEW PERSPECTIVE FUND CL A	946.788	0.499		472.45	Reinvested
		12/29	AMERN HIGH INCOME TRUST FUND A AT DAILY ACCRUAL RATE	1763.358			167.45	Reinvested
		12/29	AMERN HIGH INCOME TRUST FUND A	1763.358	0.021		37.03	Reinvested
		12/29	SMALLCAP WORLD FUND CL A	352.592	0.696		245.40	Reinvested
	Capital gains distributions Short-term	12/29	SMALLCAP WORLD FUND CL A	352.592	0.351		$123.76	Reinvested
	Capital gains distributions Long-term	12/19	GROWTH FUND OF AMERICA CL A	2032.765	1.10		$2,236.04	Reinvested
		12/21	CAPITAL WORLD GRTH & INCM CL A	1363.485	1.799		2,452.91	Reinvested
		12/21	CAPITAL INCOME BUILDER FUND A	3247.819	1.17		3,799.95	Reinvested
		12/22	INVESTMENT CO OF AMERICA CL A	3330.004	2.062		6,866.47	Reinvested
		12/27	NEW PERSPECTIVE FUND CL A	946.788	2.057		1,947.54	Reinvested
		12/29	SMALLCAP WORLD FUND CL A	352.592	3.256		1,148.04	Reinvested
		Total income					$24,317.02	

	Date		Quantity	Amount per share	Trade date	Amount	Where Invested
Proceeds from securities sold	12/01	MONEY MARKET SALE	3.28				
	Total proceeds from securities sold					$0.00	

Subtractions

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	11/27	REINVESTMENT INTO BOND FUND OF AMERICA CL A	6.45	13.39		–$86.37	Income
	11/29	REINVESTMENT INTO AMERN HIGH INCOME TRUST FUND A	10.498	12.52		–131.44	Income
	12/11	TARGET CORP REINVESTMENT FEE $0.25	0.20742	58.19	12/06	–12.32	Income
	12/19	REINVESTMENT INTO GROWTH FUND OF AMERICA CL A	67.677	33.04		–2,236.04	Income
	12/19	REINVESTMENT INTO GROWTH FUND OF AMERICA CL A	16.851	33.04		–556.77	Income
	12/21	REINVESTMENT INTO CAPITAL WORLD GRTH & INCM CL A	58.936	41.62		–2,452.91	Income
	12/21	REINVESTMENT INTO CAPITAL WORLD GRTH & INCM CL A	8.19	41.62		–340.87	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	16.036	60.76		–974.35	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	26.19	60.76		–1,591.31	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	62.54	60.76		–3,799.95	Income
	12/22	REINVESTMENT INTO INVESTMENT CO OF AMERICA CL A	28.879	33.44		–965.70	Income
	12/22	REINVESTMENT INTO INVESTMENT CO OF AMERICA CL A	205.337	33.44		–6,866.47	Income
	12/26	REINVESTMENT INTO BOND FUND OF AMERICA CL A	8.972	13.33		–119.60	Income

Subtractions, continued

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/26	REINVESTMENT INTO BOND FUND OF AMERICA CL A	3.095	13.33		–$41.25	Income
	12/27	REINVESTMENT INTO NEW PERSPECTIVE FUND CL A	15.013	31.47		–472.45	Income
	12/27	REINVESTMENT INTO NEW PERSPECTIVE FUND CL A	61.886	31.47		–1,947.54	Income
	12/29	REINVESTMENT INTO AMERN HIGH INCOME TRUST FUND A	13.29	12.60		–167.45	Income
	12/29	REINVESTMENT INTO SMALLCAP WORLD FUND CL A	6.273	39.12		–245.40	Income
	12/29	REINVESTMENT INTO AMERN HIGH INCOME TRUST FUND A	2.939	12.60		–37.03	Income
	12/29	REINVESTMENT INTO SMALLCAP WORLD FUND CL A	3.164	39.12		–123.76	Income
	12/29	REINVESTMENT INTO SMALLCAP WORLD FUND CL A	29.347	39.12		–1,148.04	Income
	Total withdrawals to purchase securities					–$24,317.02	

How Far Away Is Your Retirement?
Whether your retirement is just around the corner or years away, you have many important things to consider. Join us on Feb. 13, 2007, for a unique video presentation. Our special guest will be Mike Rose, retirement planning expert and author of "The Retirement Decision." Call your investment representative today for information regarding this free program in your area.

Subtractions, continued

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/29	REINVESTMENT INTO SMALLCAP WORLD FUND CL A	52.651	39.12		-$2,059.72	Income
	12/29	REINVESTMENT INTO SMALLCAP WORLD FUND CL A	5.678	39.12		-222.04	Income
	Total withdrawals to purchase securities					-$20,065.09	

Summary of Realized Gain/Loss From Sale of Your Securities

	This period	Year-to-date
Short term (assets held 1 year or less)	$0.00	-$55.53
Long term (held over 1 year)	0.00	746.08
Total	$0.00	$690.55

As you requested, copies of your statement have been sent to:
OEMARS PENSION SERVICES

Account number: [redacted]
Statement type: Preferred
October 28 - December 31, 2006

201 Progress Parkway
Maryland Heights, MO 63043-3042
www.edwardjones.com
Member SIPC

Edward Jones

[redacted]

NANCY E THRUTCHLEY-BOYDA
510 SW 10TH ST
TOPEKA KS 66612-1606

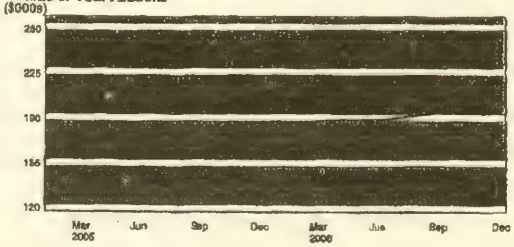
Value Summary (Held at Edward Jones)

Value on Dec 31	$203,145.95
Value on Oct 28	$198,901.61
Value one year ago	$185,728.30

Summary of Your Assets

Held at Edward Jones	Value on Dec 31	Value on Oct 28	Change in value
Cash & money market	$101,396.68	$100,523.36	$873.32
Bonds	38,512.70	38,290.80	221.90
Mutual funds	63,236.57	60,087.45	3,149.12
Total at Edward Jones	$203,145.95	$198,901.61	$4,244.34

Value of Your Account



This chart shows how the value of your account has changed recently (includes only assets held at Edward Jones). While it's important to be aware of short-term results, don't lose sight of the long term. Edward Jones believes a long-term investment strategy offers the greatest potential for success.

454

11

Account number:
Statement type: Preferred
October 28 - December 31, 2006

201 Progress Parkway
Maryland Heights, MO 63043-3042
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Edward Jones

Summary of Your Income

Income distributions from securities	This period Taxable	Tax-free	Total	Year-to-date Taxable	Tax-free	Total
Money market dividends	$873.32	-	$873.32	$4,147.56	-	$4,147.56
Interest	-	-	-	-	885.00	885.00
Dividends						
Partially Qualified (P) – Reduced Tax Eligible	792.02	-	792.02	2,210.87	-	2,210.87
Capital gain distributions	1,172.88	-	1,172.88	1,172.88	-	1,172.88
Total	$2,838.22	-	$2,838.22	$7,531.33	$885.00	$8,416.33

Note: Please refer to the last page of this package for information regarding qualified, partially qualified and nonqualified dividends.

Your Estimated Interest and Dividends

The following is an estimated summary of your interest and dividend income for the next 12 months. It is based on a variety of factors. These factors, including distribution rates and amount of principal invested, are subject to change. Because they are estimates, the specific amounts listed here are not guaranteed by Edward Jones or by the underlying issuer(s) of the securities. Income from items with * is being reinvested.

Cash & money market funds	Quantity	2007 JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Money Market 4.54%	101,386	383	383	383	383	383	383	383	383	383	383	383	383	4,596
Municipal Bonds														
COFFEYVILLE KS CMNTY COLLEGE 3.4500%	5,000				86						86			172
KS ST DEV FIN AUTH DEV FAC R 5.0000%	5,000				125						125			250
KANSAS STATE DEV FIN AUTH RE 4.2500%	5,000		106						106					212
WAMEGO KS POLLUTION CTL RFDG 5.0000%	5,000		125						125					250
Mutual Funds	Tax Info.													
CAPITAL INCOME BUILDER FUND A*	P 1,034			507			507			507			507	2,028
Total		383	614	890	594	383	890	383	614	890	594	383	890	7,508

455

12

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Edward Jones

Maturity Schedule

Maturing in	0–5 years	6–15 years	16 or more years
Amount maturing	$5,000	$30,000	$10,000
Current market value	$4,915	$23,256	$10,342
Percent of total maturing value	11.11%	66.67%	22.22%

Your Assets at Edward Jones

Cash and money market funds	7-day current yield	7-day compounded yield	Current value
Money market	4.54%	4.65%	$101,398.68
Total cash and money market funds			$101,398.68

Bonds

Municipal bonds	Rating	Maturity value	Maturity date	Interest rate	Current value	Amount invested	Amount withdrawn	Your yield to maturity
COFFEYVILLE KANSAS CMNTY COLLEGE CTFS PARTN RFDG DTD 07/01/2004	None	$5,000.00	10/01/2008	3.450%	$4,915.25	$5,000.00	–	3.44%
KANSAS STATE DEV FIN AUTH REV PREREFUNDED KS ST PJS J REV DTD 08/01/2003 AMBAC INSURED PRE-REFUND 08/01/2013 @ 100.00	AAA/Aaa	5,000.00	08/01/2016	4.250%	5,121.85	–	–	–
LABETTE CNTY KS SINGLE FAMILY MORTGAGE REVENUE SER A DTD 11/01/1982 AMBAC INSURED	A-/Aaa	25,000.00	12/01/2014	0.000%	18,134.00	–	–	–

Account number: [redacted]
Statement type: Preferred
October 28 – December 31, 2006

201 Progress Parkway
Maryland Heights, MO 63043-3042
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Bonds Municipal bonds, continued	Rating	Maturity value	Maturity date	Interest rate	Current value	Amount invested	Amount withdrawn	Your yield to maturity
KANSAS STATE DEV FIN AUTH SCIENTIFIC RESH & DEV REVENUE DTD 02/01/2003 AMBAC INSURED CALLABLE 04/01/2013 @ 100.00	AAA/Aaa	$5,000.00	10/01/2032	5.000%	$5,228.00	$5,154.95	-	4.80%
WAMEGO KS POLLUTN CTL REV RFDG WESTAR ENERGY INC PROJ DTD 06/01/2004 MBIA INSURED CALLABLE 02/01/2010 @ 100.00	AAA/Aaa	5,000.00	02/01/2033	5.000%	5,113.60	5,000.00	-	5.00%
Total municipal bonds		**$45,000.00**			**$38,512.70**	-	-	
Total bonds		**$45,000.00**			**$38,512.70**	-	-	

Mutual funds	Our asset category	Current price	Current shares	Current value	Amount invested	Amount withdrawn
CAPITAL INCOME BUILDER FUND CL A Quote Symbol: CAIBX	Growth & Income	81.11	1,034.799	$83,236.57	$50,000.00	-
Total mutual funds				**$83,236.57**	$50,000.00	-
Total estimated asset value				**$203,145.95**		

14

Account number: [redacted]
Statement type: Preferred
October 28 – December 31, 2006

201 Progress Parkway
Maryland Heights, MO 63043-3042
www.edwardjones.com
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Edward Jones

Summary of Your Investment Activity

Total cash and money market funds on Oct 28	$100,523.36
Additions	
Income	$2,838.22
Total additions	$2,838.22
Subtractions	
Withdrawals to purchase securites	-$1,964.90
Total subtractions	-$1,964.90
Total cash and money market funds on Dec 31	$101,396.68

Detail of Your Investment Activity

Additions

Type		Date			Days	Rate	Amount	Where Invested
Income	Money market dividends	11/20	MONEY MARKET		29	4.51	360.16	Money market
		12/29	MONEY MARKET		41	4.53	513.18	Money market

Type	Tax Info.	Date		Quantity	Amount per share	Rate	Amount	Where Invested
Dividends	P	12/21	CAPITAL INCOME BUILDER FUND A	1002.46	0.30		$300.74	Reinvested
	P	12/21	CAPITAL INCOME BUILDER FUND A AT DAILY ACCRUAL RATE	1002.46			491.29	Reinvested
Capital gains distributions Long-term		12/21	CAPITAL INCOME BUILDER FUND A	1002.46	1.17		$1,172.68	Reinvested
		Total income					$2,838.22	

15

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Maryland Heights, MO 63043-3042
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Subtractions

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	4.95	60.76		-$300.74	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	19.303	60.76		-1,172.88	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	8.086	60.76		-491.28	Income
	Total withdrawals to purchase securities					-$1,964.90	

16

459

Account number: [redacted]
Statement type: Preferred
November 25 – December 31, 2006

Edward Jones

EDWARD D JONES & CO CUSTODIAN
BOYDA LAW OFFICES
FBO STEPHEN W BOYDA SEP
PO BOX 207
MARYSVILLE KS 66508-0207

[redacted]

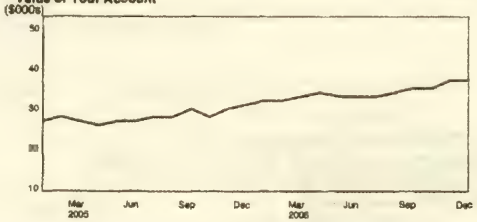
Value Summary (Held at Edward Jones)

Value on Dec 31	$37,800.11
Value on Nov 25	$37,007.64
Value one year ago	$31,163.33

Summary of Your Assets

Held at Edward Jones	Value on Dec 31	Value on Nov 25	Change in value
Cash & money market	$3.89	$3.89	$0.00
Stocks	9,731.11	9,763.38	-32.27
Mutual funds	28,065.11	27,240.37	824.74
Total at Edward Jones	$37,800.11	$37,007.64	$792.47

Value of Your Account



This chart shows how the value of your account has changed recently (includes only assets held at Edward Jones). While it's important to be aware of short-term results, don't lose sight of the long term. Edward Jones believes a long-term investment strategy offers the greatest potential for success.

ATTACHMENT #2

Account number: [redacted]
Statement type: Preferred
November 25 – December 31, 2006

Edward Jones

Your Retirement Account Summary

	This period	Cumulative
2006 Contributions	$0.00	$0.00
2005 Contributions	$0.00	$0.00

Information Regarding Your 2007 Required Minimum Distribution (RMD)
If you are age 70½ or older, the Internal Revenue Service (IRS) may require you to remove a minimum distribution from your retirement account by Dec. 31, 2007. However, if you turn 70½ in 2007, you may defer your 2007 RMD until April 1, 2008. If an RMD is due, Edward Jones will report that information to the IRS on IRS Form 5498. Contact your investment representative for this calculation.

Summary of Your Income

	This Period	Year-to-date
Income from securities		
Dividends	$348.07	$850.87
Capital gain distributions	1,112.18	1,112.18
Total	$1,460.25	$1,963.05

Your Estimated Interest and Dividends

The following is an estimated summary of your interest and dividend income for the next 12 months. It is based on a variety of factors. These factors, including distribution rates and amount of principal invested, are subject to change. Because they are estimates, the specific amounts listed here are not guaranteed by Edward Jones or by the underlying issuer(s) of the securities. Income from items with * is being reinvested.

		2007												
Stocks	Quantity	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
EMERSON ELECTRIC CO*	220			115			115			115			115	460
Mutual Funds														
CAPITAL INCOME BUILDER FUND A*	140			68			68			68			68	272
CAPITAL WORLD GRTH & INCM CL A*	269			40			40			40			40	160
NEW PERSPECTIVE FUND CL A*	257												128	128
Total				223			223			223			351	1,020

461

18

Your Assets at Edward Jones

Cash and money market funds	7-day current yield	7-day compounded yield	Current value
Cash			$3.89
Total cash and money market funds			**$3.89**

Stocks	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amount invested	Amount withdrawn
EMERSON ELECTRIC CO Symbol: EMR	Growth & Income Buy	44.090	220.7101	$9,731.11	$5,348.95	~
Total stocks				**$9,731.11**	**$5,348.95**	~

Mutual funds	Our asset category	Current price	Current shares	Current value	Amount invested	Amount withdrawn
CAPITAL INCOME BUILDER FUND CL A Quote Symbol: CAIBX	Growth & Income	61.11	140.161	$8,565.24	$8,467.00	~
CAPITAL WORLD GROWTH & INCOME FUND CL A Quote Symbol: CWGIX	Growth & Income	41.93	269.829	11,313.93	7,850.52	~
NEW PERSPECTIVE FUND CL A Quote Symbol: ANWPX	Growth	31.74	257.906	8,185.94	5,887.00	~
Total mutual funds				**$28,065.11**	**$20,224.52**	~

Total estimated asset value **$37,800.11**

Summary of Your Investment Activity

Total cash and money market funds on Nov 25	$3.89
Additions	
Income	$1,460.25
Proceeds from securities sold	$0.00
Total additions	$1,460.25
Subtractions	
Withdrawals to purchase securities	–$1,460.25
Total subtractions	–$1,460.25
Total cash and money market funds on Dec 31	**$3.89**

Detail of Your Investment Activity

Additions

	Type	Date		Quantity	Amount per share	Rate	Amount	Where Invested
Income	Dividends	12/11	EMERSON ELECTRIC CO	109.70094	0.525		$57.59	Reinvested
		12/21	CAPITAL WORLD GRTH & INCM CL A	257.168	0.25		64.29	Reinvested
		12/21	CAPITAL INCOME BUILDER FUND A	135.763	0.30		40.73	Reinvested
		12/21	CAPITAL INCOME BUILDER FUND A AT DAILY ACCRUAL RATE	135.783			66.43	Reinvested
		12/27	NEW PERSPECTIVE FUND CL A	238.533	0.499		119.03	Reinvested
	Capital gains distributions Long–term	12/21	CAPITAL INCOME BUILDER FUND A	135.783	1.17		$158.87	Reinvested

Additions, continued

	Type	Date		Quantity	Amount per share	Rate	Amount	Where Invested
Income	Capital gains distributions Long-term	12/21	CAPITAL WORLD GRTH & INCM CL A	257.168	1.799		$462.65	Reinvested
		12/27	NEW PERSPECTIVE FUND CL A	238.533	2.057		490.66	Reinvested
		Total income					$1,460.25	

	Date		Quantity	Amount per share	Trade date	Amount	Where Invested
Proceeds from securities sold	12/01	MONEY MARKET SALE	3.89				
	Total proceeds from securities sold					$0.00	

Subtractions

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/11	EMERSON ELECTRIC CO REINVESTMENT FEE $1.15	0.65411	86.2856	12/06	–$57.59	Income
	12/21	REINVESTMENT INTO CAPITAL WORLD GRTH & INCM CL A	1.545	41.62		–64.29	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	2.615	60.76		–158.87	Income
	12/21	REINVESTMENT INTO CAPITAL WORLD GRTH & INCM CL A	11.116	41.62		–462.65	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	0.67	60.76		–40.73	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	1.093	60.76		–66.43	Income

Subtractions, continued

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/27	REINVESTMENT INTO NEW PERSPECTIVE FUND CL A	15.591	31.47		-$490.66	Income
	12/27	REINVESTMENT INTO NEW PERSPECTIVE FUND CL A	3.782	31.47		-119.03	Income
	Total withdrawals to purchase securities					**-$1,460.25**	

Other Activity

Date	Activity		Quantity	Notes	Estimated Value
12/12	STOCK SPLIT	EMERSON ELECTRIC CO	110.35505	ON 110.3550 AT 1 PER SHARE	-

How Far Away Is Your Retirement?
Whether your retirement is just around the corner or years away, you have many important things to consider. Join us on Feb. 13, 2007, for a unique video presentation. Our special guest will be Mike Rose, retirement planning expert and author of "The Retirement Decision." Call your investment representative today for information regarding this free program in your area.

Account number: [redacted]
Statement type: Preferred
November 25 – December 31, 2006

Edward Jones

BOYDA LAW OFFICES
DEFINED BENEFIT PENSION PLAN
U/A DTD 12/30/04
PO BOX 207
MARYSVILLE KS 66508–0207

[redacted]

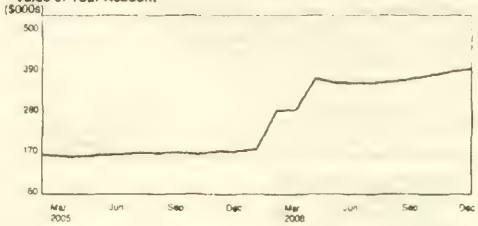
Value Summary (Held at Edward Jones)

Value on Dec 31	$387,101.45
Value on Nov 25	$380,905.78
Value one year ago	$172,648.81

Summary of Your Assets

Held at Edward Jones	Value on Dec 31	Value on Nov 25	Change in value
Cash & money market	$5,075.04	$5,049.35	$25.69
Stocks	3,383.00	4,047.00	–664.00
Mutual funds	378,663.41	371,809.43	6,853.98
Total at Edward Jones	$387,101.45	$380,905.78	$6,195.67

Value of Your Account



This chart shows how the value of your account has changed recently (includes only assets held at Edward Jones). While it's important to be aware of short-term results, don't lose sight of the long-term. Edward Jones believes a long-term investment strategy offers the greatest potential for success.

(Retirement plan trust)

ATTACHMENT #3

23

Summary of Your Income

Income distributions from securities	This period Taxable	Tax-free	Total	Year-to-date Taxable	Tax-free	Total
Money market dividends	$25.69	~	$25.69	$240.87	~	$240.87
Dividends						
Qualified (Q) – Reduced Tax Eligible	498.87	~	498.87	1,027.52	~	1,027.52
Partially Qualified (P) – Reduced Tax Eligible	3,316.63	~	3,316.63	4,986.51	~	4,986.51
Nonqualified (N) – Taxable	112.80	~	112.80	1,149.17	~	1,149.17
Capital gain distributions	16,136.79	~	16,136.79	16,136.79	~	16,136.79
Total	$20,090.78	~	$20,090.78	$23,540.86	~	$23,540.86

Note: Please refer to the last page of this package for information regarding qualified, partially qualified and nonqualified dividends.

Other distributions or charges						
Income reported in prior year			~			$112.25
Total			~			$112.25

Your Estimated Interest and Dividends

The following is an estimated summary of your interest and dividend income for the next 12 months. It is based on a variety of factors. These factors, including distribution rates and amount of principal invested, are subject to change. Because they are estimates, the specific amounts listed here are not guaranteed by Edward Jones or by the underlying issuer(s) of the securities. Income from items with * is being reinvested.

Cash & money market funds		Quantity	2007 JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Money Market 4.54%		5,075	19	19	19	19	19	19	19	19	19	19	19	19	228
Mutual Funds	**Tax info.**														
EUROPACIFIC GROWTH FUND CL A*	Q	241												166	166
GOLDMAN SACHS INTL EQU FD CL A*	Q	612												89	89
GOLDMAN SACHS GRW & INCM FD A*	Q	1,564			197			197			197			197	788

Mutual Funds	Tax Info.	Quantity	2007 JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
GOLDMAN SACHS GRW INCM STRAT A*	P	14.299			664			664			664			664	2,656
GOLDMAN SACHS HIGH YIELD FD A*	N	2.264	113	113	113	113	113	113	113	113	113	113	113	113	1,356
GOLDMAN SACHS MID CAP VALUE A*	Q	306												41	41
GROWTH FUND OF AMERICA CL A*	Q	322												88	88
NEW WORLD FUND CL A*	P	732												669	669
SMALLCAP WORLD FUND CL A*	P	702												488	488
Total			**132**	**132**	**993**	**132**	**132**	**993**	**132**	**132**	**993**	**132**	**132**	**2,554**	**6,589**

Your Assets at Edward Jones

Cash and money market funds	7-day current yield	7-day compounded yield	Current value
Money market	4.54%	4.65%	$5,075.04
Total cash and money market funds			**$5,075.04**

Stocks	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amount invested	Amount withdrawn
SIRIUS SATELLITE RADIO INC Symbol: SIRI	Aggressive None	3.540	950.	$3,363.00	$5,165.83	~
Total stocks				**$3,363.00**	**$5,165.83**	~

Mutual funds	Our asset category	Current price	Current shares	Current value	Amount invested	Amount withdrawn
EUROPACIFIC GROWTH FUND CL A Quote Symbol: AEPGX	Growth	46.56	241.910	$11,263.33	$9,966.24	~

Mutual funds, continued	Our asset category	Current price	Current shares	Current value	Amount invested	Amount withdrawn
GOLDMAN SACHS INTERNATIONAL EQUITY FUND CL A Quote Symbol: GSIFX	Growth	23.19	612.340	$14,200.16	$12,500.00	~
GOLDMAN SACHS GROWTH OPPORTUNITIES FUND CL A Quote Symbol: GGOAX	Aggressive	21.73	596.034	12,951.82	12,078.40	~
GOLDMAN SACHS GROWTH AND INCOME FUND CL A Quote Symbol: GSGRX	Growth & Income	29.54	1,564.340	46,210.60	37,477.80	~
GOLDMAN SACHS GROWTH AND INCOME STRATEGY FUND CL A Quote Symbol: GOIAX	Growth & Income	12.95	14,299.873	185,183.36	165,263.96	~
GOLDMAN SACHS HIGH YIELD FUND CL A Quote Symbol: GSHAX	Aggressive Income	8.11	2,264.714	18,366.83	16,656.60	~
GOLDMAN SACHS MID CAP VALUE FUND CL A Quote Symbol: GCMAX	Growth	38.63	308.880	11,932.03	24,985.20	-18,000.00
GOLDMAN SACHS STRUCTURED SMALL CAP EQUITY FUND CL A Quote Symbol: GCSAX	Aggressive	14.34	351.574	5,041.57	4,164.20	~
GROWTH FUND OF AMERICA CL A Quote Symbol: AGTHX	Growth	32.87	322.971	10,616.06	9,999.98	~
NEW WORLD FUND CL A Quote Symbol: NEWFX	Growth	48.44	732.117	35,463.75	29,979.39	~
SMALLCAP WORLD FUND CL A Quote Symbol: SMCWX	Aggressive	39.07	702.173	27,433.90	25,006.32	~
Total mutual funds				**$378,863.41**	**$348,078.29**	**-$18,000.00**
Total estimated asset value				**$387,101.45**		

Summary of Your Investment Activity

Total cash and money market funds on Nov 25	$5,049.35
Additions	
Income	$20,090.78
Total additions	$20,090.78
Subtractions	
Withdrawals to purchase securities	–$20,065.09
Total subtractions	–$20,065.09
Total cash and money market funds on Dec 31	$5,075.04

Detail of Your Investment Activity

Additions

	Type		Date			Days	Rate	Amount	Where Invested
Income	Money market dividends		12/29	MONEY MARKET		41	4.53	25.69	Money market
	Type	**Tax Info.**	**Date**		**Quantity**	**Amount per share**	**Rate**	**Amount**	**Where Invested**
	Dividends	N	12/01	GOLDMAN SACHS HIGH YIELD FD A AT DAILY ACCRUAL RATE	2250.788			$112.80	Reinvested
		Q	12/11	GOLDMAN SACHS INTL EQU FD CL A	608.225	0.155		94.40	Reinvested
		Q	12/13	GS STRUCTURED SM CAP EQU FD A	331.853			1.76	Reinvested
		Q	12/13	GOLDMAN SACHS MID CAP VALUE A	294.879	0.18		53.34	Reinvested
		Q	12/13	GOLDMAN SACHS GRW & INCM FD A	1488.043	0.061		91.07	Reinvested
		Q	12/19	GROWTH FUND OF AMERICA CL A	310.077	0.273		84.93	Reinvested
		P	12/19	GOLDMAN SACHS GRW INCM STRAT A	13521.322	0.166		2,248.60	Reinvested
		Q	12/27	EUROPACIFIC GROWTH FUND CL A	224.87	0.771		173.37	Reinvested

Additions, continued

	Type	Tax Info.	Date		Quantity	Amount per share	Rate	Amount	Where Invested
Income	Dividends	P	12/27	NEW WORLD FUND CL A	686.813	0.914		$627.75	Reinvested
		P	12/29	SMALLCAP WORLD FUND CL A	632.591	0.696		440.28	Reinvested
	Capital gains distributions Short-term		12/11	GOLDMAN SACHS GROWTH OPPTYS A	566.257	0.104		$59.17	Reinvested
			12/13	GOLDMAN SACHS MID CAP VALUE A	294.879	0.192		56.65	Reinvested
			12/13	GS STRUCTURED SM CAP EQU FD A	331.853	0.021		7.00	Reinvested
			12/19	GOLDMAN SACHS GRW INCM STRAT A	13521.322	0.023		312.34	Reinvested
			12/27	NEW WORLD FUND CL A	686.813	0.239		164.15	Reinvested
			12/27	EUROPACIFIC GROWTH FUND CL A	224.67	0.587		132.00	Reinvested
			12/29	SMALLCAP WORLD FUND CL A	632.591	0.351		222.04	Reinvested
	Capital gains distributions Long-term		12/11	GOLDMAN SACHS GROWTH OPPTYS A	566.257	1.066		$603.97	Reinvested
			12/13	GOLDMAN SACHS GRW & INCM FD A	1488.043	1.445		2,150.52	Reinvested
			12/13	GS STRUCTURED SM CAP EQU FD A	331.853	0.819		272.05	Reinvested
			12/13	GOLDMAN SACHS MID CAP VALUE A	294.879	1.472		434.18	Reinvested
			12/19	GOLDMAN SACHS GRW INCM STRAT A	13521.322	0.552		7,474.59	Reinvested
			12/19	GROWTH FUND OF AMERICA CL A	310.077	1.10		341.08	Reinvested
			12/27	EUROPACIFIC GROWTH FUND CL A	224.67	2.124		477.62	Reinvested
			12/27	NEW WORLD FUND CL A	686.813	1.994		1,369.51	Reinvested
			12/29	SMALLCAP WORLD FUND CL A	632.591	3.256		2,059.72	Reinvested
			Total income					$20,090.78	

471

28

Subtractions

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/01	REINVESTMENT INTO GOLDMAN SACHS HIGH YIELD FD A	13.926	8.10		-$112.80	Income
	12/11	REINVESTMENT INTO GOLDMAN SACHS INTL EQU FD CL A	4.115	22.94		-94.40	Income
	12/11	REINVESTMENT INTO GOLDMAN SACHS GROWTH OPPTYS A	27.12	22.27		-603.97	Income
	12/11	REINVESTMENT INTO GOLDMAN SACHS GROWTH OPPTYS A	2.657	22.27		-59.17	Income
	12/13	REINVESTMENT INTO GOLDMAN SACHS GRW & INCM FD A	73.197	29.38		-2,150.52	Income
	12/13	REINVESTMENT INTO GOLDMAN SACHS GRW & INCM FD A	3.1	29.38		-91.07	Income
	12/13	REINVESTMENT INTO GS STRUCTURED SM CAP EQU FD A	19.105	14.24		-272.05	Income
	12/13	REINVESTMENT INTO GS STRUCTURED SM CAP EQU FD A	0.124	14.24		-1.76	Income
	12/13	REINVESTMENT INTO GS STRUCTURED SM CAP EQU FD A	0.492	14.24		-7.00	Income
	12/13	REINVESTMENT INTO GOLDMAN SACHS MID CAP VALUE A	1.462	38.88		-56.85	Income
	12/13	REINVESTMENT INTO GOLDMAN SACHS MID CAP VALUE A	11.167	38.88		-434.18	Income
	12/13	REINVESTMENT INTO GOLDMAN SACHS MID CAP VALUE A	1.372	38.88		-53.34	Income
	12/19	REINVESTMENT INTO GOLDMAN SACHS GRW INCM STRAT A	174.445	12.89		-2,248.60	Income

Subtractions, continued

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/19	REINVESTMENT INTO GOLDMAN SACHS GRW INCM STRAT A	24.231	12.89		–$312.34	Income
	12/19	REINVESTMENT INTO GROWTH FUND OF AMERICA CL A	10.323	33.04		–341.08	Income
	12/19	REINVESTMENT INTO GROWTH FUND OF AMERICA CL A	2.571	33.04		–84.93	Income
	12/19	REINVESTMENT INTO GOLDMAN SACHS GRW INCM STRAT A	579.875	12.89		–7,474.59	Income
	12/27	REINVESTMENT INTO EUROPACIFIC GROWTH FUND CL A	3.773	45.95		–173.37	Income
	12/27	REINVESTMENT INTO NEW WORLD FUND CL A	3.441	47.71		–164.15	Income
	12/27	REINVESTMENT INTO NEW WORLD FUND CL A	13.158	47.71		–627.75	Income
	12/27	REINVESTMENT INTO EUROPACIFIC GROWTH FUND CL A	10.394	45.95		–477.62	Income
	12/27	REINVESTMENT INTO EUROPACIFIC GROWTH FUND CL A	2.873	45.95		–132.00	Income
	12/27	REINVESTMENT INTO NEW WORLD FUND CL A	28.705	47.71		–1,369.51	Income
	12/29	REINVESTMENT INTO SMALLCAP WORLD FUND CL A	11.255	39.12		–440.28	Income

Account number: [redacted]
Statement type: Preferred
November 25 – December 31, 2006

Edward Jones

STEPHEN W BOYDA
PO BOX 207
MARYSVILLE KS 66508-0207

ANDREW L. RAMOS
4619 W 90TH ST
PRAIRIE VILLAGE KS 66207
913-642-2283

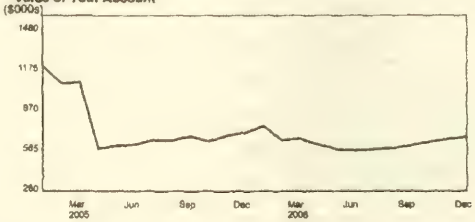
Value Summary (Held at Edward Jones)

Value on Dec 31	$660,513.15
Value on Nov 25	$642,317.17
Value one year ago	$689,760.48

Summary of Your Assets

Held at Edward Jones	Value on Dec 31	Value on Nov 25	Change in value
Cash & money market	$6,361.52	$155.12	$6,206.40
Stocks	19,270.41	19,462.74	-192.33
Mutual funds	634,881.22	755,363.42	-120,482.20
Loan balance	–	-132,664.11	132,664.11
Total at Edward Jones	**$660,513.15**	**$642,317.17**	**$18,195.98**

Value of Your Account



This chart shows how the value of your account has changed recently (includes only assets held at Edward Jones). *While it's important to be aware of short-term results, don't lose sight of the long term. Edward Jones believes a long-term investment strategy offers the greatest potential for success.*

ATTACHMENT # 4

Subtractions, continued

	Date		Amount	Source of Funds
Fees	12/21	LOAN INTEREST CHARGE FROM 11/21 THRU 12/20 @ 8 3/4% AVERAGE BALANCE $ 132,664	-$967.34	Loan balance
	12/29	LOAN INTEREST CHARGE FROM 12/21 THRU 12/31 @ 8 3/4% AVERAGE BALANCE $ 60,741	-162.40	Loan balance
	Total fees		**-$1,129.74**	
Other withdrawals and transfers out	12/27	TRANSFER TO CASH ACCT	-$6,206.15	Loan balance
	Total other withdrawals and transfers out		**-$6,206.15**	

Summary of Realized Gain/Loss From Sale of Your Securities

	This period	Year-to-date
Short term (assets held 1 year or less)	$0.00	$15,539.62
Long term (held over 1 year)	34,723.53	79,431.03
Total	**$34,723.53**	**$94,970.65**

Details of Realized Gain/Loss From Sale of Your Securities

	Purchase Date	Sale date	Quantity	Cost basis	Proceeds	Realized gain/loss	
NEW WORLD FUND CL A	~	12/20	1360.943	$44,784.51	$70,000.00	$25,215.49	Long term
AMERICAN MUTUAL FUND CL A	~	12/20	1659.476	44,026.46	50,000.00	5,973.54	Long term
CAPITAL WORLD GRTH & INCM CL A	~	12/20	480.538	16,465.50	20,000.00	3,534.50	Long term

Subtractions, continued

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/22	REINVESTMENT INTO AMERICAN MUTUAL FUND CL A	10.913	29.19		–$318.55	Income
	12/22	REINVESTMENT INTO AMERICAN MUTUAL FUND CL A	51.654	29.19		–1,507.79	Income
	12/27	REINVESTMENT INTO EUROPACIFIC GROWTH FUND CL A	2.792	45.95		–128.29	Income
	12/27	REINVESTMENT INTO EUROPACIFIC GROWTH FUND CL A	10.103	45.95		–464.21	Income
	12/27	REINVESTMENT INTO EUROPACIFIC GROWTH FUND CL A	3.667	45.95		–168.50	Income
	12/27	REINVESTMENT INTO NEW WORLD FUND CL A	34.007	47.71		–1,622.49	Income
	12/27	REINVESTMENT INTO NEW WORLD FUND CL A	4.076	47.71		–194.47	Income
	12/27	REINVESTMENT INTO NEW WORLD FUND CL A	15.586	47.71		–743.71	Income
	12/29	REINVESTMENT INTO SMALLCAP WORLD FUND CL A	3.264	39.12		–127.68	Income
	12/29	REINVESTMENT INTO SMALLCAP WORLD FUND CL A	1.646	39.12		–64.39	Income
	12/29	REINVESTMENT INTO SMALLCAP WORLD FUND CL A	15.268	39.12		–597.29	Income
	Total withdrawals to purchase securities					–$27,529.30	

476

33

Additions, continued

	Date		Quantity	Amount per share	Trade date	Amount	Where Invested
Proceeds from securities sold	12/26	CAPITAL WORLD GRTH & INCM CL A	480.538	41.62		20,000.00	Loan balance
	12/26	AMERICAN MUTUAL FUND CL A	1659.476	30.13		50,000.00	Loan balance
	Total proceeds from securities sold					$140,000.00	
	Date					**Amount**	**Where Invested**
Other Additions	12/27	TRANSFER FROM MARGIN ACCT				$6,206.15	Cash Balance
	Total other additions					**$6,206.15**	

Subtractions

	Date		Quantity	Price per share	Trade date	Amount	Source of Funds
Withdrawals to purchase securities	12/11	ANHEUSER BUSCH COS INC REINVESTMENT FEE $0.68	0.69897	47.9851	12/08	–$34.22	Income
	12/19	REINVESTMENT INTO GROWTH FUND OF AMERICA CL A	74.219	33.04		–2,452.21	Income
	12/19	REINVESTMENT INTO GROWTH FUND OF AMERICA CL A	18.481	33.04		–610.60	Income
	12/21	REINVESTMENT INTO CAPITAL WORLD GRTH & INCM CL A	271.308	41.62		–11,291.84	Income
	12/21	REINVESTMENT INTO CAPITAL WORLD GRTH & INCM CL A	37.703	41.62		–1,568.18	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	24.579	60.76		–1,493.44	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	54.237	60.76		–3,295.45	Income
	12/21	REINVESTMENT INTO CAPITAL INCOME BUILDER FUND A	13.907	60.76		–844.99	Income

477

34

Additions, continued

	Type	Tax info.	Date		Quantity	Amount per share	Rate	Amount	Where invested
Income	Dividends	Q	12/19	GROWTH FUND OF AMERICA CL A	2229.282	0.273		$610.60	Reinvested
		P	12/21	CAPITAL INCOME BUILDER FUND A	2616.622	0.30		844.98	Reinvested
		P	12/21	CAPITAL INCOME BUILDER FUND A AT DAILY ACCRUAL RATE	2616.622			1,493.44	Reinvested
		P	12/21	CAPITAL WORLD GRTH & INCM CL A	5796.194	0.25		1,569.18	Reinvested
		Q	12/22	AMERICAN MUTUAL FUND CL A	2123.645	0.15		318.55	Reinvested
		P	12/27	NEW WORLD FUND CL A	813.684	0.914		743.71	Reinvested
		Q	12/27	EUROPACIFIC GROWTH FUND CL A	218.553	0.771		168.50	Reinvested
		P	12/29	SMALLCAP WORLD FUND CL A	183.443	0.696		127.66	Reinvested
	Capital gains distributions Short-term		12/27	NEW WORLD FUND CL A	813.684	0.239		$194.47	Reinvested
			12/27	EUROPACIFIC GROWTH FUND CL A	218.553	0.567		128.29	Reinvested
			12/29	SMALLCAP WORLD FUND CL A	183.443	0.351		64.39	Reinvested
	Capital gains distributions Long-term		12/19	GROWTH FUND OF AMERICA CL A	2229.282	1.10		$2,452.21	Reinvested
			12/21	CAPITAL WORLD GRTH & INCM CL A	5796.194	1.799		11,291.84	Reinvested
			12/21	CAPITAL INCOME BUILDER FUND A	2616.622	1.17		3,295.45	Reinvested
			12/22	AMERICAN MUTUAL FUND CL A	2123.645	0.71		1,507.79	Reinvested
			12/27	EUROPACIFIC GROWTH FUND CL A	218.553	2.124		464.21	Reinvested
			12/27	NEW WORLD FUND CL A	813.684	1.994		1,622.49	Reinvested
			12/29	SMALLCAP WORLD FUND CL A	183.443	3.256		597.28	Reinvested
			Total income					$27,629.55	

	Date		Quantity	Amount per share	Trade date	Amount	Where invested
Proceeds from securities sold	12/26	NEW WORLD FUND CL A	1380.943	50.69		$70,000.00	Loan balance

478

35

Edward Jones

Summary of Your Investment Activity

Total cash and money market funds on Nov 25	$155.12
Total loan balance on Nov 25	–$132,664.11
Additions	
Income	$27,529.55
Proceeds from securities sold	$140,000.00
Other additions	$6,206.15
Total additions	$173,735.70
Subtractions	
Withdrawals to purchase securities	–$27,529.30
Fees	–$1,129.74
Other withdrawals and transfers out	–$6,206.15
Total subtractions	–$34,865.19
Total cash and money market funds on Dec 31	**$6,361.52**
Total loan balance on Dec 31	**$0.00**

Detail of Your Investment Activity

Additions

	Type	Tax Info.	Date		Quantity	Amount per share	Rate	Amount	Where invested
Income	Interest		12/29	ON AVERAGE BALANCE OF $481.75 AT 0.500% FROM 11-21-06 TO 12-28-06				$0.25	Cash Balance
	Dividends	Q	12/11	ANHEUSER BUSCH COS INC	115.99235	0.295		$34.22	Reinvested

479

36

Account number: [redacted]
Statement type: Preferred
November 25 – December 31, 2006

Edward Jones

Mutual funds	Our asset category	Current price	Current shares	Current value	Amount invested	Amount withdrawn
AMERICAN MUTUAL FUND CL A Quote Symbol: AMRMX	Growth & Income	29.21	2,188.212	$63,859.25	$132,000.00	-$92,162.00
CAPITAL INCOME BUILDER FUND CL A Quote Symbol: CAIBX	Growth & Income	61.11	2,909.345	177,790.07	287,000.00	-153,917.00
CAPITAL WORLD GROWTH & INCOME FUND CL A Quote Symbol: CWGIX	Growth & Income	41.93	6,105.205	255,991.25	270,000.00	-110,839.00
EUROPACIFIC GROWTH FUND CL A Quote Symbol: AEPGX	Growth	48.58	235.115	10,948.95	20,000.00	-15,864.24
GROWTH FUND OF AMERICA CL A Quote Symbol: AGTHX	Growth	32.87	2,321.982	78,323.55	230,000.00	-177,440.98
NEW WORLD FUND CL A Quote Symbol: NEWFX	Growth	48.44	867.355	42,014.68	157,000.00	-193,516.07
SMALLCAP WORLD FUND CL A Quote Symbol: SMCWX	Aggressive	39.07	203.621	7,955.47	50,000.00	-57,047.32
Total mutual funds				**$634,881.22**	**$1,146,000.00**	**-$800,786.61**
Total estimated asset value				**$660,513.15**		

37

Account number: [redacted]
Statement type: Preferred
November 25 – December 31, 2006

Edward Jones

Mutual Funds	Tax Info.	Quantity	2007 JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
AMERICAN MUTUAL FUND CL A*	Q	2,186			327			327			327			327	1,308
CAPITAL INCOME BUILDER FUND A*	P	2,909			1,425			1,425			1,425			1,425	5,700
CAPITAL WORLD GRTH & INCM CL A*	P	6,105			915			915			915			915	3,660
EUROPACIFIC GROWTH FUND CL A*	Q	235												181	181
GROWTH FUND OF AMERICA CL A*	Q	2,321												633	633
NEW WORLD FUND CL A*	P	867												792	792
SMALLCAP WORLD FUND CL A*	P	203												141	141
Total			46		2,701	46		2,701	46		2,701	46		4,448	12,735

Your Assets at Edward Jones

Cash and money market funds	7-day current yield	7-day compounded yield	Current value
Cash			$6,361.52
Total cash and money market funds			**$6,361.52**

Stocks	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amount invested	Amount withdrawn
ANHEUSER BUSCH COMPANIES INC Symbol: BUD	Growth & Income Buy	49.200	116.69132	$5,741.21	$5,515.35	~
LEGGETT & PLATT INC Symbol: LEG	Growth & Income Hold	23.900	207.14782	4,950.83	5,611.19	~
MEDTRONIC INC Symbol: MDT	Growth Buy	53.510	107.38868	5,746.37	5,734.25	~
SIRIUS SATELLITE RADIO INC Symbol: SIRI	Aggressive None	3.540	800.	2,832.00	4,872.05	~
Total stocks				$19,270.41	$21,732.84	~

Account number: [redacted]
Statement type: Preferred
November 25 – December 31, 2006

Edward Jones

Summary of Your Income

Income distributions from securities	This period Taxable	Tax-free	Total	Year-to-date Taxable	Tax-free	Total
Money market dividends	–	–	–	$1,493.67	–	$1,493.67
Interest	0.25	–	0.25	0.39	–	0.39
Dividends						
Qualified (Q) – Reduced Tax Eligible	1,131.87	–	1,131.87	3,717.22	–	3,717.22
Partially Qualified (P) – Reduced Tax Eligible	4,779.00	–	4,779.00	13,733.23	–	13,733.23
Nonqualified (N) – Taxable	–	–	–	322.78	–	322.78
Tax-free (TF)	–	–	–	–	1,132.65	1,132.65
Capital gain distributions	21,618.43	–	21,618.43	21,618.43	–	21,618.43
Total	$27,529.55	–	$27,529.55	$40,885.70	$1,132.65	$42,018.35

Note: Please refer to the last page of this package for information regarding qualified, partially qualified and nonqualified dividends.

Other distributions or charges			
Income reported in prior year		–	$269.32
Loan interest		–1,129.74	–33,892.19
Total		–$1,129.74	–$33,622.87

Your Estimated Interest and Dividends

The following is an estimated summary of your interest and dividend income for the next 12 months. It is based on a variety of factors. These factors, including distribution rates and amount of principal invested, are subject to change. Because they are estimates, the specific amounts listed here are not guaranteed by Edward Jones or by the underlying issuer(s) of the securities. Income from items with * is being reinvested.

2007

Stocks	Tax Info.	Quantity	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
ANHEUSER BUSCH COS INC*	Q	116			34			34			34			34	136
LEGGETT & PLATT INC*	Q	207	35			35			35			35			140
MEDTRONIC INC*	Q	107	11			11			11			11			44

482

39

483

formerly AGEdwards

UBS Financial Services Inc.
P.O. BOX 3906
TAMPA, FL 33601-3906

Your Financial Advisor

NZSA/48200 X126 - 1266 - TM - 0

Retirement Account

Account Number:
Universal ID:
Account Type: Simplified Employee Pension Plan

STEPHEN H BOYDA
SEP IRA

Oct. 2006 - Dec. 2006

This month at a glance

Value on September 29	$	25,888.73
Value on December 29	$	27,656.38
Debit balance in 12/29 value	$	-40.00

Earnings summary

Earnings are for the current calendar year. All prior year entries are summarized separately. This information should not be used for tax purposes. Refer to the disclosure on the back of the first page.

		Current period		Year to date
Dividends	$	173.45	$	173.45
Other		696.59		696.59
Net security earnings	$	870.04	$	870.04

Asset summary

Refer to the disclosure on the back of the first page for information on assets excluded from this summary.

	% of portfolio	Value
Mutual funds	100.00	27,696.38
Less debit balance		-40.00
Value on December 29		$ 27,656.38

Investment objectives

The following return objective and risk profile(s) describe overall goals for this account. For each account held, you must provide the return objective, one primary risk profile and, if applicable, a secondary risk profile. A full description of the alternatives is included on the back of the first page. If you have questions regarding these objectives, disagree with or wish to change them, please notify your Financial Advisor or Branch Manager at your branch office, in writing or by telephone.

Return objective: Capital appreciation
Risk profile: Primary: Moderate Secondary: None selected

Asset portfolio

Prices, income and current values may be approximate. Refer to the disclosure on the back of the first page.

Quantity/face value	Description	Contract premium	Price	Current value	Est. annual income
659.601	AMERICAN FUNDS GROWTH FUND OF AMERICA CLASS A		32.870	21,681.08	1%

Account instructions
UBS Financial Services Inc. is your custodian.

Bulletin board
BE PREPARED FOR 2007. THIS MONTH'S INVESTMENT INTELLIGENCE CONTAINS OUR MARKET OUTLOOK FOR THE NEW YEAR AS WELL AS KEY INFORMATION FOR TAX-YEAR 2006. CALL YOUR FA TO DISCUSS.
VISIT OUR WEB SITE AT WWW.UBS.COM.

484

Account Number:
Your Financial Advisor

Retirement Account

Statement Period: Oct. 2006 - Dec. 2006

...ss of portfolio - continued

Note value	Description	Contract premium	Price	Current value	Est. income
180.366	SELIGMAN COMMUNICATIONS& INFORMATION CL A		33.240	6,015.30	
	Total			$ 27,696.38	$ 181

...d availability

...rent, third-party research on certain companies covered by UBS Research is available to customers of UBS in the United States at no cost. Customers can access this research at www.ubs.com/independentresearch or call 1-299-3720 to request that a copy of this research be sent to them.

...tch...ity

...the disclosure on the back of the first page regarding the Disclosure presented for restricted securities.

Activity	Description	Quantity	Price / Value / Comment	Amount
	Balance forward		$	-40.00
2/20 DIVIDEND	AMERICAN FUNDS GROWTH FUND OF AMERICA CLASS A AS OF 12/19/06			173.45
4/20 LT CAP GAIN	AMERICAN FUNDS GROWTH FUND OF AMERICA CLASS A LONG TERM CAPITAL GAIN AS OF 12/19/06			696.59
1/20 REINVESTMENT	AMERICAN FUNDS GROWTH FUND OF AMERICA CLASS A DIVIDEND REINVESTED AT 33.04 NAV ON 12/18/06 AS OF 12/19/06	5.250		-173.45
2/20 REINVESTMENT	AMERICAN FUNDS GROWTH FUND OF AMERICA CLASS A LT CAP GAINS REINVESTED AT 33.04 NAV ON 12/18/06 AS OF 12/19/06	21.083		-696.59
	Closing balance		$	-40.00

...beneficiary information

...e your IRA assets are distributed as you wish. It is essential that your beneficiary designation is up-to-date. Contact your Financial Advisor to ensure that UBS Financial Services Inc. has the most ...eficiary information for your account and to have your beneficiary information appear on your statement.

...Year-End valuation statement - Form 5498

...is statement as your year-end valuation. If your Asset portfolio includes insurance products, Private Investments, IRA ...ndexes or Other assets or if you have Outside assets that do not appear on this statement, we will automatically provide an updated year-end valuation in January 2007. This 2006 year-end value of your IRA (or the updated value, if ...) will be furnished to the Internal Revenue Service.

December 29 value	$	27,696.38

485

November 22, 2006 - February 21, 2007

Personal Portfolio Review

STEPHEN W BOYDA

Client Number:
Group ID Number:

Your Personal Advisor is:

Portfolio Snapshot

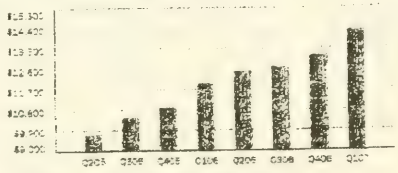
	This Year	This Period
Beginning Value	$13,801.84	$13,172.47
Ending Value	$14,284.19	$14,284.19
Net Change*	**$482.35**	**$1,111.72**

Ending value does not reflect total amount available for withdrawal or any pending transactions. Please see Portfolio Activity Summary on page 2 for additional information.

** Net Change includes account additions, withdrawals, fees and other charges, dividends, interest and change in market value.*

Portfolio Progress

Portfolio Value on February 21, 2007 $14,284.19



Portfolio Allocation

Asset Class	One Year Ago		Last Period		This Period	
Cash & Equivalents			$127.59	1%	$137.44	1%
Equities			$13,025.00	99	$14,125.54	99
Non-Classified			$19.88	0	$21.21	0
Total Assets	**$11,961.88**	**100%**	**$13,172.47**	**100%**	**$14,284.19**	**100%**
Total Liabilities	$0.00		$0.00		$0.00	
Total Portfolio Value	**$11,961.88**		**$13,172.47**		**$14,284.19**	

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Available cash within each account is shown in the account detail pages. To view accounts with check writing privileges see Page 2. The above breakdown provides a different view of your investments. Please note, some of your individual investments may be spread across multiple categories due to their makeup. For example, the allocation of an equity mutual fund may be spread across multiple asset classes including Cash & Equivalents.

1-800-862-7919

Ameriprise Financial

was IDS/Ameriprise

November 22, 2006 - February 21, 2007

Personal Portfolio Review

STEPHEN W BOYDA

Portfolio Activity Summary

Starts on Page		Owner/ Account	Account Number	Beginning Value	Ending Value	Net Change
		STEPHEN W BOYDA IRA				
4	◆	RVS GROWTH FUND CLASS A IRA		$1,965.01	$2,073.63	$108.62
5	◆	RVS INTERNATIONAL OPPORTUNITY FUND CL A IRA		$11,207.46	$12,210.56	$1,003.10
		Subtotal for STEPHEN W BOYDA IRA		$13,172.47	$14,284.19	$1,111.72
		TOTAL PORTFOLIO		**$13,172.47**	**$14,284.19**	**$1,111.72**

◆ Indicates an account with tax-exempt or tax-deferred contributions and/or earnings.

The Ending Value does not reflect any pending transactions in your accounts. Should you choose to sell your entire portfolio or a holding in an account, the total amount received may not be the same as the ending value noted here due to sales or surrender charges, tax withholding, outstanding loans or other fees that may apply at the time of sale.

487

November 22, 2006 - February 21, 2007

Account #

RVS Growth Fund Class A - INIDX

AMERIPRISE TRUST COMPANY
C/O STEPHEN W BOYDA
AS CUSTD FOR THE STEPHEN W BOYDA IRA

Account Summary

Beginning Value	Additions	Withdrawals[1]	Change in Value[2]	Ending Value	Accrued Dividends	Quantity	Ending Price	Estimated Cost Basis[3]
$1,965.01	$0.00	$0.00	$108.62	$2,073.63	$0.00	63.2400	$32.7900	$1,412.82

Date Account Opened: 3/1/1984

Account Activity Detail

Date	Description	Amount	Quantity	Price
Change in Value				
12/20/2006	Reinvested dividend at $0.2221 per share	$13.95	0.4400	$31.6900
Total Activity		**$13.95**		

1 Includes redemptions, exchanges, taxes withheld, custodial fees and conversions to class A.

2 Includes realized gain (loss), unrealized market appreciation (depreciation) and sales charge.

3 The estimated cost basis may be incomplete or inaccurate and should not be relied upon in preparing your tax return. See the "Disclosures: Estimated Cost Basis and Capital Gain/Loss Information" section of this statement for more information.

Ending value includes all dividends that have accrued during this period. The Ending Value represents the liquidation value of the account as of the statement date.
For more information, see the Disclosures section at the back of this statement.

2006 Transaction Detail

Date	Description	Amount	Quantity	Price
06/15/2006	Custodial fee	-$19.00	-0.6660	$28.5200
12/20/2006	Reinvested dividend at $0.2221 per share	$13.95	0.4400	$31.6900

November 22, 2006 - February 21, 2007

Account #

RVS International Opportunity Fund Class A - INIFX

AMERIPRISE TRUST COMPANY
C/O STEPHEN W BOYDA
AS CUSTD FOR THE STEPHEN W BOYDA IRA

Account Summary

Beginning Value	Additions	Withdrawals[1]	Change in Value[2]	Ending Value	Accrued Dividends	Quantity	Ending Price	Estimated Cost Basis[3]
$11,207.46	$0.00	$0.00	$1,003.10	$12,210.56	$0.00	1,186.6440	$10.2900	$10,667.51

Date Account Opened: 1/21/1993

Account Activity Detail

Date	Description	Amount	Quantity	Price
Change in Value				
12/20/2006	Reinvested dividend at $0.12064 per share	$141.43	14.3150	$9.8800
Total Activity		**$141.43**		

1 Includes redemptions, exchanges, taxes withheld, custodial fees and conversions to class A.
2 Includes realized gain (loss), unrealized market appreciation (depreciation) and sales charge.
3 The estimated cost basis may be incomplete or inaccurate and should not be relied upon in preparing your tax return. See the "Disclosures- Estimated Cost Basis and Capital Gain/Loss Information" section of this statement for more information.

Ending value includes all dividends that have accrued during this period. The Ending Value represents the liquidation value of the account, as of the statement date.
For more information, see the Disclosures section at the back of this statement.

2006 Transaction Detail

Date	Description	Amount	Quantity	Price
12/20/2006	Reinvested dividend at $0.12064 per share	$141.43	14.3150	$9.8800

Ameriprise Financial

Scottrade
More broker for your money.

STEPHEN W BOYDA

SCOTTRADE, INC

OVERLAND PARK, KS 66213

(913) 338-0097

158

12 / 01 / 2006 | 12 / 31 / 2006

The net capital of Scottrade, Inc. as of 9/30/06 was $343,161,242, which was $308,185,312 in excess of the minimum required. On 11/30/06 the company had net capital of $385,135,424 which was $345,548,153 in excess of the minimum required.

	VALUE THIS PERIOD
VALUE SECURITIES IN POSITION	26,790.29
ACCOUNT MONEY BALANCES	39.03
ACCOUNT TOTAL VALUE	**26,829.32**

OPENING BALANCE	**6,521.30**
CREDITS:	
DIVIDEND/INTEREST INCOME	43.84
OTHER CREDITS	1,518.83
TOTAL CREDITS	1,562.67
DEBITS:	
OTHER DEBITS	-8,044.94
TOTAL DEBITS	-8,044.94
CLOSING BALANCE	**39.03**

Type	Symbol / Cusip	Quantity	Description	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Estimated Annual Cur. Yld
CASH	NBR	2	CALL-NABORS INDUSTRIES JUN 32.50 06/16/07 #C6359F9FZC	1.7786	355.72		
CASH	ACAD	350	ACADIA PHARM	8.79	3,076.50		
CASH	QAA	3	CALL-APPLE COMPUTER APR 90 04/21/07 #0378339DRC	6.3331	1,899.93		
CASH	WVC	4	CALL-BEA SYSTEMS JAN 1 2.500 01/19/08 #0733259AVC	2.2191	887.64		
CASH	BSX	20	CALL-BOSTON SCIENTIFIC MAY 20 05/19/07 #1011379EDC	0.4303	860.60		
CASH	CNE	100	CANETIC ENERGY TR	13.89	1,389.00	238.70	17.2
CASH	CHK	50	CHESAPEAKE ENERGY CORP	29.05	1,452.50	12.00	0.8
CASH	CTBG	6,000	COIL TUBING TECH	0.0275	165.00		
CASH	LHZ	2	CALL-CRYSTALLEX INTL CO JAN 2.50 01/19/08 #22942F0AZC	1.775	355.00		
CASH	KRY	600	CRYSTALLEX INTL CORP (CANADA)	3.62	2,172.00		
CASH	ENT	200	ENTERRA ENERGY CORP (CANADA)	7.90	1,580.00	288.00	18.2

Type	Symbol / Cusip	Quantity	Description	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Estimated Annual Cur. Yld
CASH	ESLR	100	EVERGREEN SOLAR INC	7.57	757.00		
CASH	GFCI	31,500	GRIFCO	0.07	2,205.00		
CASH	HEES	50	H&E EQUIP SVCS	24.77	1,238.50		
CASH	KDSM	200	KLONDIKE STAR MINERAL CORP	1.62	324.00		
CASH	WMF	2	CALL-MICROSOFT CRP LG-T JAN 25 01/19/08 #5949187AEC	6.377	1,275.40		
CASH	FIZ	150	NATIONAL BEVERAGE CORP	14.03	2,104.50		
CASH	QXO	4	CALL-SIRIUS SATELLITE R MAR 4 03/17/07 #82966U9CHC	0.175	70.00		
CASH	SIRF	100	SIRF TECHNOLOGY	25.52	2,552.00		
CASH	TMY	600	TRANSMERIDIAN EXPL INC	3.45	2,070.00		
			TOTAL		26,790.29		

Date	Transaction	Quantity	Description	Price	Amount	Balance
			OPENING BALANCE			6,521.30
12/01/06	BOUGHT	100	ACADIA PHARM ACAD	8.81	-888.00	5,633.30
12/01/06	BOUGHT	50	ACADIA PHARM ACAD	8.81	-440.50	5,192.80
12/04/06	BOUGHT	2	CALL-MICROSOFT CRP LG-T JAN OPENING TRANSACTION 25 01/19/08 WMF	5.60	-1,129.50	4,063.30
12/04/06	BOUGHT	2	CALL-TEXAS INSTRUMENTS APR OPENING TRANSACTION 30 04/21/07 TXN	1.80	-369.50	3,693.80
12/04/06	BOUGHT	1	CALL-TEXAS INSTRUMENTS APR OPENING TRANSACTION 30 04/21/07 TXN	1.80	-181.25	3,512.55
12/06/06	BOUGHT	2	CALL-NABORS INDUSTRIES JUN OPENING TRANSACTION 32.50 06/16/07 NBR	4.00	-809.50	2,703.05
12/06/06	BOUGHT	100	EVERGREEN SOLAR INC ESLR	8.7588	-883.86	1,819.19
12/07/06	SOLD	3	CALL-TEXAS INSTRUMENTS APR CLOSING TRANSACTION 30 04/21/07 TXN	2.35	694.22	2,513.41
12/08/06	BOUGHT	1	CALL-APPLE COMPUTER APR OPENING TRANSACTION 90 04/21/07 QAA	7.70	-778.25	1,735.16
12/13/06	BOUGHT	1	CALL-APPLE COMPUTER APR OPENING TRANSACTION 90 04/21/07 QAA	7.30	-738.25	996.91
12/13/06	BOUGHT	4	CALL-BEA SYSTEMS JAN 1 OPENING TRANSACTION 2.500 01/19/08 WVC	2.35	-952.00	44.91
12/15/06	SOLD	2	CALL-TEXAS INSTRUMENTS APR CLOSING TRANSACTION 30 04/21/07 TXN	2.10	410.48	455.39
12/18/06	W/H FOREIGN TAX DIV		CANETIC ENERGY TR 15.0000% FOREIGN TAX CNE		-2.98	452.41
12/18/06	TAXABLE DIVIDEND		CANETIC ENERGY TR DIVIDEND ON 100 CNE .19844		19.84	472.25
12/18/06	BOUGHT	2	CALL-CRYSTALLEX INTL CO JAN OPENING TRANSACTION 2.50 01/19/08 LHZ	1.85	-379.50	92.75

Date	Transaction	Quantity	Description	Price	Amount	Balance
			OPENING BALANCE			**6,521.30**
12/18/06	W/H FOREIGN TAX DIV		ENTERRA ENERGY CORP (CANADA) 15.0000% FOREIGN TAX ENT		-3.60	89.15
12/18/06	TAXABLE DIVIDEND		ENTERRA ENERGY CORP (CANADA) DIVIDEND ON 200 ENT .12000		24.00	113.15
12/29/06	BOUGHT	1	CALL-APPLE COMPUTER APR OPENING TRANSACTION 90 04/21/07 QAA	4.80	-488.25	-375.10
12/29/06	SOLD	1	CALL-YAHOO INC LG-TM JAN CLOSING TRANSACTION 25 01/19/08 WYH	4.20	411.73	36.63
12/31/06	CREDIT INTEREST		CR INT 31 DAYS @ 2 1/4% ANNUAL PERCENT YIELD EARNED 2.27		2.40	39.03
			CLOSING BALANCE			**39.03**

SCOTTRADE INC
PO BOX 31759
ST. LOUIS MO 63131-0759

FOR THE YEAR
2006

RR: 158

MUTUAL FUNDS AND OTHER SECURITIES MAY BE SUBJECT TO : (i) DIVIDEND REALLOCATION, (ii) RECLASSIFICATION OF LONG TERM CAPITAL GAIN DISTRIBUTIONS, WHICH MAY RESULT IN A CORRECTED 1099.

STEPHEN W BOYDA

IF YOU HAVE ANY QUESTIONS REGARDING YOUR COMBINED 1099 STATEMENT, PLEASE CALL 913-338-0097.

COMPOSITE SUBSTITUTE 1099 STATEMENT
SUMMARY

0-1M-48141 (A)

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE ("IRS"). IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

TOTAL ORDINARY DIVIDENDS	1a	52.84	NONDIVIDEND DISTRIBUTIONS	3	0.00
QUALIFIED DIVIDENDS	1b	52.84	FEDERAL INCOME TAX WITHHELD	4	0.00
TOTAL CAPITAL GAIN DISTRIBUTIONS	2a	0.00	INVESTMENT EXPENSES	5	0.00
UNRECAPTURED SECTION 1250 GAIN	2b	0.00	FOREIGN TAX PAID	6	6.58
SECTION 1202 GAIN	2c	0.00	FOREIGN COUNTRY OR U.S. POSSESSION	7	0.00
28% RATE GAIN	2d	0.00	CASH LIQUIDATION DISTRIBUTIONS	8	0.00
			NONCASH LIQUIDATION DISTRIBUTIONS	9	0.00

SCOTTRADE INC
PO BOX 31759
ST. LOUIS MO 63131-0759

FOR THE YEAR
2006

COMPOSITE SUBSTITUTE 1099 STATEMENT
SUMMARY

0-2M149142 (A)

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE ("IRS"). IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

INTEREST INCOME NOT INCLUDED IN BOX 3	1 62.09	INVESTMENT EXPENSES	5 0.00
EARLY WITHDRAWAL PENALTY	2 0.00	FOREIGN TAX PAID	6 0.00
INTEREST ON U.S. SAVINGS BONDS AND TREASURY OBLIGATIONS	3 0.00	FOREIGN COUNTRY OR U.S. POSSESSION	7 0.00
FEDERAL INCOME TAX WITHHELD	4 0.00	TAX-EXEMPT INTEREST	8 0.00
		SPECIFIED PRIVATE ACTIVITY BOND INTEREST	9 0.00

STOCKS, BONDS, ETC. (GROSS PROCEEDS LESS COMMISSIONS)	2 39,119 74	REGULATED FUTURES CONTRACTS PROFIT OR LOSS REALIZED IN 2006	8 0.00
BARTERING	3 0.00	UNREALIZED PROFIT OR LOSS ON OPEN CONTRACTS - 12/31/05	9 0.00
FEDERAL INCOME TAX WITHHELD	4 0.00	UNREALIZED PROFIT OR LOSS ON OPEN CONTRACTS - 12/31/06	10 0.00
		AGGREGATE PROFIT OR LOSS	11 0.00

SCOTTRADE INC
PO BOX 31759
ST. LOUIS MO 63131-0759

FOR THE YEAR
2006

COMPOSITE SUBSTITUTE 1099 STATEMENT
ACTIVITY DETAIL

D-3/0-46143 (A)

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE ("IRS"). IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

CUSIP	DATE	SYMBOL	DESCRIPTION	AMOUNT
QUALIFIED DIVIDENDS				
137513107	12/18/06	CNE	CANETIC ENERGY TR	19.84
165167107	07/17/06	CHK	CHESAPEAKE ENERGY CORP	6.00
165167107	10/16/06	CHK	CHESAPEAKE ENERGY CORP	3.00
29381P102	12/18/06	ENT	ENTERRA ENERGY CORP (CANADA)	24.00
TOTAL QUALIFIED DIVIDENDS				52.84
FOREIGN TAX PAID				
137513107	12/18/06	CNE	CANETIC ENERGY TR	2.98 DR
29381P102	12/18/06	ENT	ENTERRA ENERGY CORP (CANADA)	3.60 DR
TOTAL FOREIGN TAX PAID				6.58 DR

CUSIP	DATE	SYMBOL	DESCRIPTION	AMOUNT
INTEREST INCOME NOT INCLUDED IN BOX 3				
	05/31/06		CR INT 23 DAYS @ 2.637%	34.33
	06/30/06		CR INT 30 DAYS @ 2%	8.83
	07/31/06		CR INT 31 DAYS @ 2 1/4%	4.58
	08/31/06		CR INT 31 DAYS @ 2 1/4%	2.90
	09/30/06		CR INT 30 DAYS @ 2 1/4%	4.09
	10/31/06		CR INT 31 DAYS @ 2 1/4%	2.04
	11/30/06		CR INT 30 DAYS @ 2 1/4%	2.92
	12/31/06		CR INT 31 DAYS @ 2 1/4%	2.40
TOTAL INTEREST INCOME NOT INCLUDED IN BOX 3				62.09

(BOX 1B)	(BOX 1A)	(BOX 5)		(BOX 7)	(BOX 2)
CUSIP	TRADE DATE	QUANTITY	SYMBOL	DESCRIPTION	AMOUNT (GROSS PROCEEDS LESS COMMISSIONS)
SALES PROCEEDS					
Y2711Y104	10/11/06	100	GIGM	GIGAMEDIA LIMITED (SINGAPORE)	1,097.96
Y2711Y104	10/24/06	100	GIGM	GIGAMEDIA LIMITED (SINGAPORE)	979.97
165167107	07/31/06	50	CHK	CHESAPEAKE ENERGY CORP	1,650.44
219350105	09/21/06	75	GLW	CORNING INC	1,794.44
219350105	10/18/06	100	GLW	CORNING INC	2,438.92
22942F101	09/06/06	300	KRY	CRYSTALLEX INTL CORP (CANADA)	1,024.98
22942F101	11/24/06	400	KRY	CRYSTALLEX INTL CORP (CANADA)	1,392.95

SCOTTRADE INC
PO BOX 31759
ST. LOUIS MO 63131-0759

FOR THE YEAR
2006

9-4/8 45144 (A)

COMPOSITE SUBSTITUTE 1099 STATEMENT
ACTIVITY DETAIL

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(- BOX 1B -)	(BOX 1A)	(BOX 5)		(BOX 7)	(BOX 2)
CUSIP	TRADE DATE	QUANTITY	SYMBOL	DESCRIPTION	AMOUNT (GROSS PROCEEDS LESS COMMISSIONS)
298804105	08/18/06	300	EZM#	EUROZINC MNG CORP (CANADA)	892.97
298804105	08/22/06	200	EZM#	EUROZINC MNG CORP (CANADA)	582.98
368483103	08/17/06	17	GEHL	GEHL CO	475.78
368483103	08/17/06	33	GEHL	GEHL CO	925.22
368483103	09/22/06	50	GEHL	GEHL CO	1,328.95
404030108	06/30/06	47	HEES	H&E EQUIP SVCS	1,377.05
404030108	06/30/06	53	HEES	H&E EQUIP SVCS	1,545.85
404030108	11/10/06	150	HEES	H&E EQUIP SVCS	3,532.89
428291108	09/21/06	100	HXL	HEXCEL CORP NEW	1,447.95
635017106	07/26/06	50	FIZ	NATIONAL BEVERAGE CORP	794.47
723655106	06/26/06	100	PDC	PIONEER DRILLING CO	1,480.95
82966U103	05/30/06	1000	SIRI	SIRIUS SATELLITE RADIO INC	4,442.88
82966U103	06/26/06	300	SIRI	SIRIUS SATELLITE RADIO INC	1,366.95
82967H101	06/26/06	50	SIRF	SIRF TECHNOLOGY	1,515.45
82967H101	11/24/06	50	SIRF	SIRF TECHNOLOGY	1,587.95
87236Y108	11/24/06	100	AMTD	TD AMERITRADE	1,748.95
872417308	06/02/06	300	TGE	TGC INDS INC NEW	3,712.88
TOTAL SALES PROCEEDS					39,119.74

SCOTTRADE INC
PO BOX 31759
ST. LOUIS MO 63131-0759

FOR THE YEAR
2006

0-5/8 48143 (A)

SUPPLEMENTAL INFORMATION

THIS SUPPLEMENTAL INFORMATION IS PROVIDED AS A CONVENIENCE TO ASSIST YOU IN PREPARING YOUR TAX FILING. *** IT IS NOT BEING REPORTED TO THE INTERNAL REVENUE SERVICE. ***

CUSIP	DATE	QUANTITY	SYMBOL	DESCRIPTION	AMOUNT	
PURCHASES						
Y2711Y104	10/02/06	200	GIGM	GIGAMEDIA LIMITED (SINGAPORE)	2,041.00	DR
004225108	05/11/06	50	ACAD	ACADIA PHARM	572.00	DR
004225108	05/11/06	50	ACAD	ACADIA PHARM	587.00	DR
004225108	05/19/06	100	ACAD	ACADIA PHARM	1,016.00	DR
004225108	11/28/06	50	ACAD	ACADIA PHARM	440.50	DR
004225108	11/28/06	100	ACAD	ACADIA PHARM	888.00	DR
137513107	11/16/06	100	CNE	CANETIC ENERGY TR	1,375.00	DR
165167107	05/18/06	25	CHK	CHESAPEAKE ENERGY CORP	744.50	DR
165167107	05/24/06	25	CHK	CHESAPEAKE ENERGY CORP	722.50	DR
165167107	06/12/06	50	CHK	CHESAPEAKE ENERGY CORP	1,431.50	DR
192581106	06/15/06	6000	CTBG	COIL TUBING TECH	730.60	DR
219350105	05/11/06	50	GLW	CORNING INC	1,297.00	DR
219350105	05/18/06	25	GLW	CORNING INC	607.00	DR
219350105	06/07/06	50	GLW	CORNING INC	1,139.50	DR
219350105	07/07/06	50	GLW	CORNING INC	1,107.00	DR
22942F101	06/12/06	1000	KRY	CRYSTALLEX INTL CORP	3,107.00	DR
22942F101	09/25/06	300	KRY	CRYSTALLEX INTL CORP	817.00	DR
29381P102	11/16/06	200	ENT	ENTERRA ENERGY CORP (CANADA)	1,777.00	DR
298804105	05/11/06	200	EZM	EUROZINC MNG CORP (CANADA)	597.00	DR
298804105	06/06/06	300	EZM	EUROZINC MNG CORP (CANADA)	673.00	DR
30033R108	12/01/06	100	ESLR	EVERGREEN SOLAR INC	883.86	DR
368483103	06/05/06	100	GEHL	GEHL CO	2,477.00	DR
398163105	06/14/06	5000	GFCI	GRIFCO	660.25	DR
398163105	07/10/06	4000	GFCI	GRIFCO	1,434.10	DR
398163105	07/19/06	2500	GFCI	GRIFCO	373.83	DR
398163105	09/06/06	10000	GFCI	GRIFCO	1,263.25	DR
398163105	10/30/06	10000	GFCI	GRIFCO	861.25	DR
404030108	05/19/06	100	HEES	H&E EQUIP SVCS	3,037.00	DR
404030108	05/30/06	100	HEES	H&E EQUIP SVCS	2,957.00	DR
404030108	06/12/06	100	HEES	H&E EQUIP SVCS	2,557.00	DR
428291108	08/08/06	100	HXL	HEXCEL CORP NEW	1,405.00	DR
498724103	05/12/06	100	KDSM	KLONDIKE STAR MINERAL CORP	374.00	DR
498724103	07/03/06	100	KDSM	KLONDIKE STAR MINERAL CORP	358.00	DR
635017106	05/11/06	50	FIZ	NATIONAL BEVERAGE CORP	732.00	DR
635017106	09/18/06	100	FIZ	NATIONAL BEVERAGE CORP	1,242.00	DR
635017106	10/02/06	50	FIZ	NATIONAL BEVERAGE CORP	581.00	DR
723655108	05/24/06	100	PDC	PIONEER DRILLING CO	1,349.00	DR
82966U103	05/11/06	100	SIRI	SIRIUS SATELLITE RADIO INC	451.00	DR
82966U103	05/17/06	1200	SIRI	SIRIUS SATELLITE RADIO INC	4,867.00	DR
82967H101	05/26/06	50	SIRF	SIRF TECHNOLOGY	1,439.50	DR
82967H101	07/06/06	75	SIRF	SIRF TECHNOLOGY	2,294.50	DR
82967H101	07/07/06	75	SIRF	SIRF TECHNOLOGY	2,181.25	DR
87236Y108	10/23/06	100	AMTD	TD AMERITRADE	1,664.00	DR
872417308	05/15/06	100	TGE	TGC INDS INC NEW	1,177.00	DR
872417308	05/15/06	200	TGE	TGC INDS INC NEW	2,437.00	DR

SCOTTRADE INC
PO BOX 31759
ST. LOUIS MO 63131-0759

FOR THE YEAR
2006

0-572-56148 (A)

SUPPLEMENTAL INFORMATION

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CUSIP	DATE	QUANTITY	SYMBOL	DESCRIPTION	AMOUNT
89376N108	09/21/06	300	TMY	TRANSMERIDIAN EXPL INC	1,237.00 DR
89376N108	09/22/06	300	TMY	TRANSMERIDIAN EXPL INC	1,162.00 DR
TOTAL PURCHASES					**63,125.89 DR**
OPTION PURCHASES					
G6359F9CFC	09/22/06	2	NBRCF	CALL-NABORS INDUSTRIES MAR 30 03172007	589.50 DR
G6359F9CFC	10/02/06	2	NBRCF	CALL-NABORS INDUSTRIES MAR 30 03172007	529.50 DR
G6359F9CFC	10/03/06	1	NBRCF	CALL-NABORS INDUSTRIES MAR 30 03172007	223.25 DR
G6359F9CFC	11/16/06	2	NBRCF	CALL-NABORS INDUSTRIES MAR 30 03172007	609.50 DR
G6359F9FZC	11/28/06	2	NBRFZ	CALL-NABORS INDUSTRIES JUN 32.5006162007	829.50 DR
G6359F9FZC	12/05/06	2	NBRFZ	CALL-NABORS INDUSTRIES JUN 32.5006162007	809.50 DR
0378339DRC	12/07/06	1	QAADR	CALL-APPLE COMPUTER APR 90 04212007	778.25 DR
0378339DRC	12/12/06	1	QAADR	CALL-APPLE COMPUTER APR 90 04212007	738.25 DR
0378339DRC	12/28/06	1	QAADR	CALL-APPLE COMPUTER APR 90 04212007	488.25 DR
0382229DSC	10/18/06	2	ANQDS	CALL-APPLIED MATERIALS APR 18 04212007	329.50 DR
0382229DSC	10/23/06	2	ANQDS	CALL-APPLIED MATERIALS APR 18 04212007	269.50 DR
0733259AVC	12/12/06	4	WVCAV	CALL-BEA SYSTEMS JAN 12.50001192008	952.00 DR
0970239APC	08/10/06	1	BAAP	CALL-BOEING CO JAN 80 01202007	418.25 DR
0970239APC	08/22/06	1	BAAP	CALL-BOEING CO JAN 80 01202007	381.25 DR
0970239APC	08/22/06	1	BAAP	CALL-BOEING CO JAN 80 01202007	388.25 DR
0970239APC	08/29/06	2	BAAP	CALL-BOEING CO JAN 80 01202007	509.50 DR
1011379EDC	11/06/06	3	BSXED	CALL-BOSTON SCIENTIFIC MAY 20 05192007	265.75 DR
1011379EDC	11/13/06	3	BSXED	CALL-BOSTON SCIENTIFIC MAY 20 05192007	160.75 DR
1011379EDC	11/14/06	6	BSXED	CALL-BOSTON SCIENTIFIC MAY 20 05192007	254.50 DR
1011379EDC	11/27/06	3	BSXED	CALL-BOSTON SCIENTIFIC MAY 20 05192007	108.75 DR
1011379EDC	11/27/06	5	BSXED	CALL-BOSTON SCIENTIFIC MAY 20 05192007	188.25 DR
1651679DFC	09/22/06	2	CHKDF	CALL-CHESAPEAKE ENERGY APR 30 04212007	579.50 DR
2193509KEC	10/18/06	2	GLWKE	CALL-CORNING INC NOV 25 11182006	209.50 DR
22942F0AZC	12/15/06	2	LHZAZ	CALL-CRYSTALLEX INTL CO JAN 2.5001192008	379.50 DR
5949187AEC	12/01/06	2	WMFAE	CALL-MICROSOFT CRP LG-T JAN 25 01192008	1,129.50 DR
6703469VIP	08/17/06	2	NUEVI	PUT -NUCOR CORP OCT 45 10212006	369.50 DR

SCOTTRADE INC
PO BOX 31759
ST. LOUIS MO 63131-0759

FOR THE YEAR
2006

[redacted]

0-7/848147 (A)

SUPPLEMENTAL INFORMATION

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[redacted]

CUSIP	DATE	QUANTITY	SYMBOL	DESCRIPTION	AMOUNT
6703469VIP	08/21/06	2	NUEVI	PUT -NUCOR CORP OCT 45 10212006	299.50 DR
6703469WJP	10/20/06	2	NUEWJ	PUT -NUCOR CORP NOV 50 11182006	259.50 DR
6703469WJP	10/23/06	5	NUEWJ	PUT -NUCOR CORP NOV 50 11182006	438.25 DR
6703469WJP	10/24/06	3	NUEWJ	PUT -NUCOR CORP NOV 50 11182006	190.75 DR
82966U9CHC	08/10/06	4	QXOCH	CALL-SIRIUS SATELLITE R MAR 4 03172007	252.00 DR
82967H9VDP	10/18/06	2	QIRVD	PUT -SIRF TECHNOLOGY OCT 20 10212006	109.50 DR
8354519CXC	10/17/06	2	ZSQCX	CALL-SONIC CORP MAR 22 5003172007	379.50 DR
8825089DFC	11/28/06	2	TXNDF	CALL-TEXAS INSTRUMENTS APR 30 04212007	429.50 DR
8825089DFC	12/01/06	1	TXNDF	CALL-TEXAS INSTRUMENTS APR 30 04212007	181.25 DR
8825089DFC	12/01/06	2	TXNDF	CALL-TEXAS INSTRUMENTS APR 30 04212007	369.50 DR
9843322AEC	10/20/06	1	WYHAE	CALL-YAHOO INC LG-TM JAN 25 01182008	348.25 DR
TOTAL OPTION PURCHASES					**15,726.75 DR**
OPTION SELLS					
G6359F9CFC	09/28/06	2	NBRCF	CALL-NABORS INDUSTRIES MAR 30 03172007	590.48
G6359F9CFC	11/13/06	2	NBRCF	CALL-NABORS INDUSTRIES MAR 30 03172007	690.47
G6359F9CFC	11/22/06	2	NBRCF	CALL-NABORS INDUSTRIES MAR 30 03172007	830.47
G6359F9CFC	11/24/06	1	NBRCF	CALL-NABORS INDUSTRIES MAR 30 03172007	441.73
G6359F9FZC	11/29/06	2	NBRFZ	CALL-NABORS INDUSTRIES JUN 32 5006162007	910.47
0382229DSC	11/14/06	2	ANQDS	CALL-APPLIED MATERIALS APR 18 04212007	380.48
0382229DSC	11/24/06	2	ANQDS	CALL-APPLIED MATERIALS APR 18 04212007	340.48
0970239APC	08/17/06	1	BAAP	CALL-BOEING CO JAN 80 01202007	511.73
0970239APC	09/22/06	2	BAAP	CALL-BOEING CO JAN 80 01202007	710.47
0970239APC	09/22/06	2	BAAP	CALL-BOEING CO JAN 80 01202007	717.47
1651679DFC	10/13/06	2	CHKDF	CALL-CHESAPEAKE ENERGY APR 30 04212007	590.48
6703469VIP	09/11/06	1	NUEVI	PUT -NUCOR CORP OCT 45 10212006	211.74
6703469VIP	09/11/06	3	NUEVI	PUT -NUCOR CORP OCT 45 10212006	679.22
6703469WJP	11/06/06	10	NUEWJ	PUT -NUCOR CORP NOV 50 11182006	130.49
82967H9VDP	10/20/06	2	QIRVD	PUT -SIRF TECHNOLOGY OCT 20 10212006	0.49
8354519CXC	11/24/06	2	ZSQCX	CALL-SONIC CORP MAR 22 5003172007	410.48
8825089DFC	12/08/06	3	TXNDF	CALL-TEXAS INSTRUMENTS APR 30 04212007	694.22
8825089DFC	12/14/06	2	TXNDF	CALL-TEXAS INSTRUMENTS APR 30 04212007	410.48

SCOTTRADE INC
PO BOX 31759
ST. LOUIS MO 63131-0759

FOR THE YEAR
2006

[redacted]

0-9848148 (A)

SUPPLEMENTAL INFORMATION

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CUSIP	DATE	QUANTITY	SYMBOL	DESCRIPTION	AMOUNT
9843322AEC	12/28/06	1	WYHAE	CALL-YAHOO INC LG-TM JAN 25 01192008	411.73
TOTAL OPTION SELLS					9,883.58

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Kevin Patrick Brady
(Full Name)

P.O. Box 8277 The Woodlands, TX 77387
(Mailing Address)

202-225-4901
Daytime Telephone.

Filer Status ☑ Member of the U.S. House of Representatives — State: TX — District: 08 — Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) — Amendment — Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		6-31-07

500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Patrick Brady

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Best of America (BOA) Am Cent VP Value I	$1,001 - $15,000		NONE	
Best of America (BOA) Drey VIF APP Port	$1,001 - $15,000		NONE	
Best of America (BOA) Dreyfuss GVIT MidCap Index I	$1,001 - $15,000		NONE	
Best of America (BOA) Fidelity FVP Equity INCM Port	$1,001 - $15,000		NONE	
Best of America (BOA) NEU/BER AMT LMTMATBND PT	$1,001 - $15,000		NONE	
Best of America (BOA) Oppenheimer Global SECS FD/VA IC	$1,001 - $15,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Patrick Brady

	Farmers New World Life Insurance	$1,001 - $15,000		NONE
SP	Chase Investment Services Corp IRA-HPQ stock	$15,001 - $50,000	DIVIDENDS	$1 - $200
SP	JP Morgan Chase IRA MMA&T	$1,001 - $15,000	INTEREST	$1 - $200
SP	JP Morgan Mutual Funds 564/Growth Advantage Fund A	$1,001 - $15,000	DIVIDENDS	$1 - $200
JT	JP Morgan/Chase Bank Personal Checking Account	$1,001 - $15,000	INTEREST	$1 - $200
JT	JP Morgan/Chase Bank Super Savings Account	$1,001 - $15,000	INTEREST	$1-$200
SP	JP Morgan/Chase Manhattan Employee Stock	$1,001 - $15,000	DIVIDENDS	$1-$200
SP	JP Morgan/Chase Retirement Plan	$50,001 - $100,000	INTEREST	$1,001 - $2,500
SP	JP Morgan/Chase 401K: Common Stock Fund	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000
SP	JP Morgan/Chase 401K: JP Morgan Fleming Small Cap Core Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
SP	JP Morgan/Chase 401K: Causeway Capitol Managment Large Cap Core Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
	JP Morgan/Chase Securities Employee Stock Option Plan	$1,001 - $15,000		NONE
	Pacific Life VUL	$1,001 - $15,000		NONE
SP	Pacific Life VUL	$1,001 - $15,000		NONE

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Patrick Brady

DC	Putnam College Adv Agressive 1998 CL-A	$1 - $1,000		NONE
SP	Putnam IRA Mid-Cap Value Fund CL-A	$1,001 - $15,000		NONE
JT	Putnam MM Fund CL-A	$1,001 - $15,000	DIVIDENDS	$1-$200
JT	Putnam Small Cap Value Fund CL-A IRA	$1,001 - $15,000	DIVIDENDS	$1-$200
	Putnam CAP OPPS CL-A IRA	$1,001 - $15,000		NONE
JT	Putnam Growth & Income Fund	$1,001 - $15,000	DIVIDENDS	$1-$200
	State of Texas Retirement System	$15,001 - $50,000		NONE
DC	Putnam College Adv Aggressive 1998 Cl-A	$1 - $1,000		NONE

SCHEDULE IV - TRANSACTIONS

Name Kevin Patrick Brady

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
DC	Putnam College Adv Aggressive 1998 Cl-A	P	Feb - 2006	$1,001 - $15,000
SP	Lexicon Genetics	S	1- 20-2006	$378
DC	UTMA for William Brady - Janus Funds	Other	Feb - 2006	$0

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Kevin Patrick Brady

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Heritage Foundation Republican Study Committee Retreat	Jan 29-30	Baltimore, MD	Y	Y	N	None

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2007 MAY 15 AM 10: 45
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

ROBERT A. BRADY
(Full Name)

7028 BRENTWOOD ROAD PHILADELPHIA, PA 19151
(Mailing Address)

202-225-4731
Daytime Telephone:

Filer Status	[✓] Member of the U.S. House of Representatives	State: PA District: 01	Officer Or Employee / Employing Office:
Report Type	[✓] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ✓	No
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [ ]	No [✓]
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ✓	No
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes [ ]	No ✓
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [ ]	No [✓]
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes	No ✓
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes [ ]	No [✓]
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ✓	No
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ✓	No

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rob A Brady	May 14, 2007

SCHEDULE I - EARNED INCOME

Name ROBERT A. BRADY

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
PHILADELPHIA WRIT SERVICE	SPOUSE SALARY	N/A
INDEPENDENCE BLUE CROSS	SPOUSE CONSULTING	$18,100
UNIVERSITY OF PENNSYLVANIA	LECTURER	$2

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT A. BRADY

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	BRIGADOON MOTEL, LLC WILDWOOD, NJ	$15,001 - $50,000	PARTNERSHIP INCOME	NONE	
	CITY OF PHILADELPHIA	$50,001 - $100,000	Other: PENSION	$5,001 - $15,000	
SP	D & B INVESTMENTS, INC.	$1 - $1,000	Other: COMMON SHARES	NONE	
	METROPOLITAN REGIONAL COUNCIL	$250,001 - $500,000	Other: PENSION & ANNUITY	NONE	
SP	PA MONITORING	$1 - $1,000	Other: COMMON SHARES	NONE	
	PA TURNPIKE	$15,001 - $50,000	Other: PENSION	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT A. BRADY

SP	PHILA. REDEVELOPMENT AUTHORITY	$50,001 - $100,000	Other: PENSION	NONE
SP	PHILADELPHIA FED. CU	$1 - $1,000	INTEREST	$201 - $1,000
	PHILADELPHIA FED. CU	$250,001 - $500,000	INTEREST	$5,001-$50,000

SCHEDULE VIII - POSITIONS

Name ROBERT A. BRADY

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PART-TIME ADMINISTRATIVE ASST.	METROPOLITAN REGIONALCOUNCIL

SCHEDULE IX - AGREEMENTS

Name ROBERT A. BRADY

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2/19/99	METROPOLITAN REGIONAL COUNCIL	PART-TIME ADMINISTRATIVE ASST.. RECEIVED NO SALARY. MRC CONTINUES THE FUNDING AND VESTING OF THE MEMBERS PENSION AND ANNUITY. THE COMBINED TOTAL FOR 1996 WAS $13,994.05

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED (5)

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U.S. HOUSE OF REPRESENTATIVES

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A $200 penalty shall be assessed against anyone who files more than 30 days late.

Bruce L. Braley
(Full Name)

1408 Longworth H.O.B. Washington, DC 20515
(Mailing Address)

202-225-2911
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: IA — District: 01 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bruce L. Braley	05/15/07

SCHEDULE I - EARNED INCOME

Name Bruce L. Braley

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Dutton, Braun, Staack & Hellman, PLC	Partnership Income	$302,742
Waterloo Community School District	Spouse Salary	$27,548.83

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bruce L. Braley

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Davis New York Venture	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	
Calamos Gr & Income	$1,001 - $15,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000	
Calamos Growth Fund	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000	
Davis Opportunity Fund	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000	
DBSH, PLC	$1,001 - $15,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bruce L. Braley

	Fam Value Fund	$1,001 - $15,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000
	Gwth Fund Amer Inc	$50,001 - $100,000	CAPITAL GAINS/DIVIDENDS	$2,501 - $5,000
	Hartford Mut Midcap	$15,001 - $50,000	CAPITAL GAINS	$2,501 - $5,000
	Income Fund of Amer	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$2,501 - $5,000
	Lord Abbett Affiliated Fund	$1,001 - $15,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000
	Oppenheimer Global Fund	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500
	Pepsico	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
JT	Regions Bank	$1,001 - $15,000	INTEREST	$201 - $1,000
	RMA Money Market Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200
	T. Rowe Price Growth Stock	$1,001 - $15,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000
	T.Rowe Price Equity Income Fund	$1,001 - $15,000	CAPITAL GAINS/DIVIDENDS	$1 - $200
	Thornburg Int'l Value Fund A	$1,001 - $15,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bruce L. Braley

	Thornburg Int'l Value Fund I	$1,001 - $15,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Hon. Corrine Brown
(Full Name)

2336 Rayburn House Office Building
(Mailing Address)

(202) 225-0123
Daytime Telephone:

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: Florida District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Corrine Brown	May 15, 2007

Name Hon. Corrine Brown

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Asset	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples: SP Mega Corp. Stock						X							X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
	Bank of America				X												X						X									
	Wright Patman Congressional Federal Credit Union			X													X						X									

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wright Patman Congressional FCU	Loan - Personal	X									
	Wachovia Bank	Loan - Revolving	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Examples: Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
Association of American Railroads	Jan. 5-8	Jax - Tampa - Fort Myers - Jax	Y	Y	Y	None
Congressional Black Caucus Foundation	May 4-7	WDC - Miami - Jacksonville	Y	Y	N	None
Congressional Black Caucus Political Education & Leadership Institute	Aug. 12-13	Jax - ATL - Memphis ATL - Jacksonville	Y	Y	N	None
NAACP - Daytona	Oct. 20-21	Jax - Atl - Dayton Cincinnati - Jax	Y	Y	N	None
American Shipbuilding Assoc.	Nov. 27-29	Jax - ATL - Ft. Myers ATL - Jax	Y	Y	N	None

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A

For use by Members, officers, and employees

Henry E. Brown, Jr.
(Full Name)

P. O. Box 61886 North Charleston, SC 29419
(Mailing Address)

843-747-5802
Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: SC District: 01	☐ Officer Or Employee — Employing Office:	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Henry E. Brown Jr.	5-14-07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	Cash-Bank of America	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Cash-Congressional FCU	$1,001 - $15,000	INTEREST	$1 - $200	
	Cash-First Citizens-CD	$100,001 - $250,000	INTEREST	NONE	
	Cash-First Citizens-MM	$50,001 - $100,000	INTEREST	NONE	
	Cash-ING Financial Partners	$1 - $1,000	INTEREST	$2,501 - $5,000	
JT	Cash-NBSC MM	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr.

	Cash-Thrift Savings Plan	$100,001 - $250,000	INTEREST	$201 - $1,000	
	Cash-Wachovia	$500,001 - $1,000,000	INTEREST	$15,001 - $50,000	
SP	IRA-First Federal-CD	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	IRA-First Federal-CD	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
	Note Receivable-IJK, Properties, LLC	$250,001 - $500,000	INTEREST	$15,001 - $50,000	
	Note Receivable-Purvis Corner, LLC	$15,001 - $50,000	INTEREST	$2,501 - $5,000	
	Real Estate-1,500 + Acres, Farm Land, Berkeley Co.	$1,000,001 - $5,000,000	RENT	$5,001 - $15,000	
	Real Estate-6.5 acres, Airport Rd., Moncks Corner, SC	$50,001 - $100,000	CAPITAL GAINS	NONE	
	Real Estate-Harbor Square Apt-Washington, DC	$100,001 - $250,000	RENT	NONE	
	Real Estate-Lots-1050 & 1052 Dominion Drive, Hanahan, SC	$100,001 - $250,000	CAPITAL GAINS	NONE	
	Rental Real Estate-1212 Pine Ct	$50,001 - $100,000	RENT	NONE	
	Rental Real Estate-540 WoodSpring	$100,001 - $250,000	CAPITAL GAINS	NONE	PE
	Rental Real Estate-5815 Hume Avenue	$100,001 - $250,000	CAPITAL GAINS	NONE	E
	Stock-Albertsons Inc.	$15,001 - $50,000	DIVIDENDS/ CAPITAL GAINS	$1,001 - $2,500	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr.

	Stock-Alltel	$15,001 - $50,000	DIVIDENDS/ CAPITAL GAINS	$201 - $1,000	S
	Stock-General Electric	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Stock-Lyondell Chemical Co.	$15,001 - $50,000	DIVIDENDS/ CAPITAL GAINS	$15,001 - $50,000	S
	Stock-Wachovia Corp.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Stock-Winstream	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE IV - TRANSACTIONS

Name Henry E. Brown, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Stock-Winstream	P	10-31-06	$1,001 - $15,000
	Rental Real Estate-540 WoodSpring	PE	12-29-06	$100,001 - $250,000
	Rental Real Estate-5815 Hume Avenue	E	07-21-06	$100,001 - $250,000
	Stock-Albertsons Inc.	S	11-22-06	$15,001 - $50,000
	Stock-Alltel	S	10-11-06	$15,001 - $50,000
	Stock-Lyondell Chemical	S	10-11-06	$15,001 - $50,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

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2007 MAY 15 AM 11:43

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Virginia "Ginny" Brown-Waite
(Full Name)

5145 Spring Lake HGWY Brooksville, FL 34601
(Mailing Address)

202-225-1002
Daytime Telephone

Filer Status ✓ Member of the U.S. House of Representatives — State: FL District: 05 — Officer Or Employee — Employing Office:

Report Type ✓ Annual (May 15) — Amendment — Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ✓	No
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes	No ✓
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ✓	No
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ✓	No
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ✓	No
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	No ✓
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ✓	No
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes	No ✓
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ✓	No

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes	No ✓
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes	No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ginny Brown-Waite	5/15/07

SCHEDULE I - EARNED INCOME

Name Virginia "Ginny" Brown-Waite

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Florida, Tallahassee, FL	Pensions	$14,420
State of New York, Albany, NY	Spouse Pension	N/A
State of New York, Deferred Compensation	Deferred Compensation	$2,163
State of New York, Albany, NY	Pension	$18,016
State of Florida, Tallahassee, FL	Spouse Part Time Employment	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	1959 MG Collector Car	$15,001 - $50,000		n/a	
JT	2 lots- Marsh Hen Drive, Shallotte, NC	None	CAPITAL GAINS	$25,500	S
JT	Ameritrade Cash Account	$15,001-$50,000	INTEREST	$1-$200	E
	Ameritrade IRA; Money Market	$1 - $1,000	INTEREST	$1 - $200	E
JT	Avaya	$1 - $1,000	None	NONE	
JT	Bank of America	$15,001 - $50,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

JT	Blackrock FL Muni. Trust	$15,001-$50,000	INTEREST	$1,001-$2,500	
JT	Captiol One Money Market	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
JT	Collier County Cap. Imp	$15,001-$50,000	INTEREST	$1,001-$2,500	
JT	Cortez Bank CD	$100,001 - $250,000	DIVIDENDS/INTEREST	$1,001 - $2,500	P
JT	Cortez Comm. Bank Stock	$1,001 - $15,000	None	NONE	
JT	DC Property 826 L Street NE and rental income	$500,001-$1,000,000	RENT	$5,001 - $15,000	
	Deferred Comp, Hartford, Htfd Div & Growth HLS (transferred to IRA)	None	None	NONE	
	Deferred Comp, Hartford; AMCentury Ultra (transferred to IRA)	None	None	NONE	
	Deferred Comp. Hartford; Janus Twenty (transferred to IRA)	None	None	NONE	
	Deferred comp. Hartford; Putnam Vista (transferred to IRA)	None	None	NONE	
	Deferred Comp. Hernando Co. The Hartford, Janus Worldwide (transferred to IRA)	None	None	NONE	
JT	Discover Money Market	$15001-$50,000	INTEREST	$2501-$5000	
	Dreyfus IRA Growth Opportunity Fund	$1001-$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

	Dreyfus IRA Midcap Value	$15,001-$50,000	None	NONE	
	Dreyfus IRA; Dreyfus Small Company Value (Dynatech)	$1,001-$15,000	None	NONE	
JT	Franklin Templeton; Foreign Fund	$1,001-$15,000	DIVIDENDS	$1-$200	
JT	Franklin Templeton; Growth Fund	$1,001-$15,000	DIVIDENDS	$1-$200	
JT	Franklin Templeton; Sector Fund	$1,001-$15,000	DIVIDENDS	$1 - $200	
JT	Hernando Tax Cert	$1 - $1,000	INTEREST	$1,001 - $2,500	
JT	Indymac Bancorp	$1001-$15,000	DIVIDENDS	$1 - $200	
	IRA - Alvarion Ltd.	$1,001 - $15,000	None	NONE	P
	IRA - American High Income Mutual (mutual fund)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	IRA - Cap. Inc. Builders (mutual fund)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	IRA - Cisco	$1,001 - $15,000	None	NONE	
	IRA - Duke Energy	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	IRA - Euro-Pacific Council (mutual fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	IRA - Fundamental Inv. (mutual fund)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

	IRA - Fundamental Inv. (mutual fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	IRA - Growth Fund (mutual fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	IRA - Harmonic	$1 - $1,000	NONE	n/a	
	IRA - Putnam Voyager (mutual fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA - Time Warner	$1,001 - $15,000	DIVIDENDS	$1-$200	
SP	IRA - Tyco	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA - VanKampen AmValve (mutual fund)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	IRA - VanKampen Comstock (mutual fund)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	IRA - VanKampen Equity (mutual fund)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	IRA - VanKampen Int. Growth (mutual fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	IRA - VanKampen Mid Cap Growth (mutual fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	IRA Cap Inc. Bldr. (mutual fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	IRA Growth Fund (mutual fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	IRA Jabil Circut	$,1001-$15,000	None	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

	IRA Microsoft	$1001-$15,000	DIVIDENDS	$1-$200	
	IRA Money Market	None	INTEREST/DIVIDENDS	NONE	S
	IRA Money Market	None	INTEREST/DIVIDENDS	NONE	S
SP	IRA Money Market	None	INTEREST/DIVIDENDS	NONE	S
SP	IRA Tech Data	$15,001-$50,000	none	n/a	
	IRA; AT&T Communications (name change from SBC Communications)	$1,001 - $15,000	DIVIDENDS	$1-$200	
SP	Jabil Circuit	$1001-$15,000	n/a	NONE	
JT	JEA FL Water and Sewer	$15,001-$50,000	INTEREST	$1,001-$2,500	
JT	John Hancock Govt	$1001-$15,000	DIVIDENDS/CAPITAL GAINS	$201-$1,000	
JT	Lee Co. School Board	$15,001-$50,000	INTEREST	$1,001-$2,500	
JT	Lot 27, Cherokee Lake, TN	$100,001 - $250,000	None	NONE	P
JT	Manulife (name changed from John Hancock)	$1,001-$15,000	DIVIDENDS	$1-$200	
SP	Manulife IRA Dreyfus Stock Index Fund (name changed from Travelers)	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

SP	Manulife IRA Growth and Income (name changed from Travelers)	$1,001 - $15,000	None	NONE	
SP	MetLIfe IRA Capital Appr. Fund (name changed from Travelers)	$1001-$15,000	None	NONE	
JT	Miami Dade Arena Bonds	$15,001-$50,000	INTEREST	$1,001-$2,500	
JT	Money Market - Edward Jones	$50,001 - $100,000	INTEREST	$1,001 - $2,500	P
	Nationwide Deferred Comp SW FL WTR MGMT Janus Fund	None	None	NONE	S
	Nationwide Deferred Comp, State of FL Templeton Forgein Fund	None	None	NONE	S
	Nationwide Deferred Comp, State of FL, Van Kampen Growth, previously part of Large Cap	None	None	NONE	S
	Nationwide Deffered Comp, State of FL Am Century Ultra	None	None	NONE	S
JT	Putnam Tax Exempt	None	DIVIDENDS	$1-$200	S
SP	Roth IRA - Cap. Inc. Bldr. (mutual fund)	$1 - $1,000	DIVIDENDS	$1 - $200	P
	Roth IRA - General Electric	$1,001-$15,000	DIVIDENDS	$1-$200	
SP	Roth IRA Home Depot	$1001-$15,000	DIVIDENDS	$1-$200	
	Sep II-VI	None	none	$5,001 - $15,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

JT	US Savings Bond	$1,001 - $15,000	n/a	NONE	
JT	Walmart	$1,001-$15,000	DIVIDENDS	$1-$200	

SCHEDULE IV - TRANSACTIONS

Name Virginia "Ginny" Brown-Waite

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Etrade Money Market	S	9-15-06	$1,001 - $15,000
JT	Lot 27, Cherokee Lake, TN	P	9-15-06	$100,001 - $250,000
JT	Edward Jones Money Market (transferred stocks to Money Market)	P	9-15-06	$50,001 - $100,000
	IRA - Alvarion Ltd.	P	9-15-06	$1,001 - $15,000
	IRA - Duke Energy	P	9-15-06	$1,001 - $15,000
	IRA - American High Income Mutual (mutual fund)	P	9-15-06	$15,001 - $50,000
	IRA - Cap. Inc. Builders (mutual fund)	P	9-15-06	$1,001 - $15,000
	IRA - Euro-Pacific Council (mutual fund)	P	9-15-06	$1,001 - $15,000
	IRA - Fundamental Investments (mutual fund)	P	9-15-06	$15,001 - $50,000
	IRA - Growth Fund (mutual fund)	P	9-15-06	$1,001 - $15,000
	IRA - Fundamental Investments (mutual fund)	P	9-15-06	$15,001 - $50,000
	IRA - Putnam Voyager (mutual fund)	P	9-15-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Virginia "Ginny" Brown-Waite

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	IRA - VanKampen AmValve (mutual fund)	P	9-15-06	$15,001 - $50,000
	IRA - VanKampen Comstock (mutual fund)	P	9-15-06	$15,001 - $50,000
	IRA - VanKampen Equity (mutual fund)	P	9-15-06	$15,001 - $50,000
	IRA - VanKampen Int. Growth (mutual fund)	P	9-15-06	$1,001 - $15,000
	IRA - VanKampen Mid Cap Growth (mutual fund)	P	9-15-06	$1,001 - $15,000
	IRA Cap Inc. Bldr. (mutual fund)	P	9-15-06	$1,001 - $15,000
	IRA - Fundamental Inv. (mutual fund)	P	9-15-06	$15,001 - $50,000
SP	IRA - Fundamental Investments (mutual fund)	P	9-15-06	$1,001 - $15,000
SP	IRA Growth Fund (mutual fund)	P	9-15-06	$1,001 - $15,000
SP	Roth IRA - Cap. Inc. Bldr. (mutual fund)	P	9-15-06	$1,001 - $15,000
JT	Cortez Bank CD	P	7-13-06	$100,001 - $250,000
	Ameritrade IRA; Money Market (transferred to Edward Jones money market)	S	9-12-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Virginia "Ginny" Brown-Waite

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	2 lots, Marsh Hen Drive, Shallotte, NC	S	1-12-06	$15,001 - $50,000
	Nationwide Deferred Comp SW FL WTR MGMT Janus Fund	S	8-9-06	$1,001 - $15,000
	Nationwide Deferred Comp, State of FL, Am Century Ultra	S	8-9-06	$1,001 - $15,000
	Nationwide Deferred Comp, State of FL, Templeton Foreign Fund	S	8-9-06	$15,001 - $50,000
	Nationwide Deferred Comp, State of FL, Van Kampen Growth	S	8-9-06	$15,001 - $50,000
	Cortez Community Bank Stock (purchased additional stock)	P	8-31-06	$1,001 - $15,000
	Deferred Comp, Hartford, HTFD Div & Growth HLS (transferred to IRA)	E	9-15-06	$1,001 - $15,000
	Deferred Comp, Hartford; Janus Twenty (transfered to IRA)	E	9-15-06	$1,001 - $15,000
	Deferred Comp, Hartford; AMCentury Ultra (transferred to IRA)	E	9-15-06	$1,001 - $15,000
	Deferred Comp, Hartford; Putnam Vista (transferred to IRA)	E	9-15-06	$1,001 - $15,000
	Deferred Comp, Hernando Co. The Hartford, Janus Worldwide (transferred to IRA)	E	9-15-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Virginia "Ginny" Brown-Waite

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Bank of America	Mortgage on 826 L Street, NE Washington, DC	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Virginia "Ginny" Brown-Waite

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Israel Education Foundation	Jan. 7-15, 2006	Tampa - Tel Aviv - Tampa	Y	Y	Y	0

SCHEDULE IX - AGREEMENTS

Name Virginia "Ginny" Brown-Waite

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NY State - Deferred Compensation	Benefit plan assets transferred to IRA
	State of Florida - Deferred Compensation	Benefit plan assets transferred to IRA

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

27

LEGISLATIVE RESOURCE CENTER
2007 MAY 14 PM 4:29
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Vernon G. Buchanan
(Full Name)

235 N Orange Ave., Ste 201
Sarasota, FL 34236
(Mailing Address)

941-552-4236 Steve Hiteman
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 13	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** N/A NEW MEMBER	[ ]	[ ]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.** N/A NEW MEMBER	[ ]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[X]	[ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Vernon G. Buchanan	5-14-07

SCHEDULE I - EARNED INCOME

Name: Vernon G. Buchanan

List the source, type, and amount of earned income form any source (other than your current employment by the U.S. Government) totaling $200 or more during preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source (Include date of receipt for honoraria)	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
AUTO CENTRAL SERVICES, SARASOTA, FLORIDA		SALARY	$112,295
SUNTRUST BANK, SARASOTA, FLORIDA		DIRECTOR'S FEE	$3,800
U.S. DEPARTMENT OF AGRICULTURE, MURRAY, KENTUCKY		FARMING	$1,670

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA **Name:** Vernon G. Buchanan Page 1 of 1

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be files directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Example:	Assoc. of American Associations, Washington, DC	Speech	2/2/2006	$2,000
	XYZ Magazine	Article	8/13/2006	$500
	NONE			

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Page 1 of 13

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one without you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded in Block A state the name of the business, the nature of the business, and its geographic location. For additional information see the instruction booklet for this reporting year.

Exclude Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived form U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

Block B — Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

	Block A: Asset and/or Income Source		Block B: A None	B $1 - $1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	Block C: NONE	Rent	Dividends	Capital Gains	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	$1,000,001-$5,000,000	Over $5,000,000	Block E: P, S, E
SP	Examples	Mega Corp Stock													X																P
DC		Simon & Schuster																	Royalties									X			
JT		1st Bank of Paducah, KY accounts						X								X									X						
	Wachovia Bank - Sarasota, FL							X																							
	Wachovia Bank CMA - Sarasota, FL							X																X							
	Buchanan Farms, Inc. - Melbourne, Florida - Auto Dealer																X		Distrib											X	S
	Aircraft Holding & Leasing, LLC - Sarasota, Florida - Aircraft Leasing										X					X							X								
	Graham Construction, LLC - Melbourne, FL - Commercial Construction																		Distrib									X			
	VB Motor Yachts - Vessel Mgmnt										X					X							X								
	VB Cruise Charters - Sarasota, Florida - Yacht Charters															X															
	Country Club Shores, LLC - Longboat Key, FL - Rental Property									X						X							X								
	6430 Hollywood Blvd. LLC - Sarasota, FL - Rental Property									X						X								X							
	James Financial, Inc. - Tampa, FL																		Distrib									X			
	Buchanan Automotive Holdings, Inc. - Sarasota, FL - Auto Dealer											X			X				Distrib									X			
	Cattlemen Road Property, Sarasota, FL									X						X									X						P
	Sarasota 500, LLC - Sarasota, FL - Auto Dealer									X									Distrib	Included Above											
	998, Inc. - Sarasota, FL -Rental Property								X							X							X								
	[illegible] Management Co., LLC - Sarasota, FL (see holdings below)																														
	10-2002, LLC - Port Richey, FL - Auto Dealer									X									Distrib					X							
	10-3003, LLC - Port Richey, FL - Auto Dealer							X											Distrib				X								
	8-2001, LLC - St. Augustine, FL - Auto Dealer											X							Distrib							X					
	600, LC - Ocoee, FL - Auto Dealer											X							Distrib									X			
	The Mint, LLC - Sarasota, FL Clothing/Spa																X												X		S
	The Mint Retail Property, Sarasota, FL																		Distrib					X							S
	198, Inc. - Melbourne, FL - Auto Dealer																X		Distrib											X	S
	Elizabeth City, LLC - Elizabeth City, NC - Auto Dealer																		Distrib					X							
	VB Investments, Inc.																														S,E
	Sands Point Condo - Longboat Key, FL															X									X						E
	VB Investments of Ocala, LLC - Ocala, FL - Auto Dealer																X		Distrib											X	S
	VB Investments of Delaware, LLC - Ponte Vedra											X				X												X			E,P
	Oversight Capital Partners, Ltd - Tampa, FL				X												X						X								

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for this reporting year.

Excludes: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

Block B — Valuation of Assets at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

Block C — Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

Asset	A SP	B JT	C DC	D None	E $1 - $1,000	F $1,001 - $15,000	G $15,001 - $50,000	H $50,001 - $100,000	I $100,001 - $250,000	J $250,001 - $500,000	K $500,001 - $1,000,000	L Over $1,000,000	None	Rent	Capital Gains	Dividends	Interest	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Block E P, S, E
Five Points Residential Investments, LLC - Real Estate investment - Sarasota FL														X				Distrib				X								
Jamett Properties, LLC - Real Estate investments - Sarasota, FL										X				X													X			
Commerce Bank Stock - Sarasota, FL																						X								
Body Blocks - Note - Atlanta, GA																						X								
Florida Capital Group - Jacksonville, FL																						X								
Smith Barney - 150-26023-1169																														
Calamos Growth Fund							X															X								
SunTrust Securities, Sarasota, FL																														
Meridian Value Fund							X															X								
Vanguard Value Index							X															X								
Vanguard Windsor II							X															X								
STI Classic MM		X																				X								
Daniel Hessler-Note Receivable				X																		X								
Legg Mason IRA - 6133026976 144																														
Legg Mason Value Trust		X																				X								
Morgan Stanley IRA																														
Morgan Stanley MM Fund															X							X								
iShares MSCI Japan Index Fund																						X								
Vanguard Info Tech VIP Index				X																		X								
Vanguard Value Vipers Index							X																X							
General Motors Acceptance Corp 1-14-09 5.850%				X																			X							
United States Treasury Bill 8/31/06																						X								S
United States Treasury Note 1-31-07 3.125%				X																			X							
SunTrust, IRA - FBR 1275721																														
STI Prime Quality MM				X																		X								
Banc Corp																				X										
Vanguard Index S&P 500							X																X							
Fed Home Loan Bank 2009 4.375%				X																X										
US Treasury Notes 2010 3.875%																							X							
Smith Barney IRA - 150-80085-11169																														
Coming		X																		X										P S
Legg Mason Aggressive Growth Fund				X										X									X							

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Page 3 of 13

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for this reporting year.

Exclude Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

Block B — Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year

Asset	A None	B $1 - $1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$2,500,000	J $2,500,001-$5,000,000	K $5,000,001-$25,000,000	L Over $25,000,000	NONE	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001-$2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	P, S, E
~~Swiss Bernay 180-8D087-141680~~																															
Apache Corp			X											X							X										P, S
Select Sector SPDR Energy			X											X							X										P, S
United Parcel Service CL B			X											X							X										P, S
Oppenheimer Develop Market Fund				X									X											X							
Marathon Oil			X											X							X										P
Genicom Group			X											X							X										P
Oracle			X											X							X										P
Polycom Inc			X											X							X										P, S
Schwab Charles			X											X							X										P
QTX SPDR Trust			X											X									X								P
US Treasury Notes 2014		X														X					X										S
Dreyfus Liquid Assets Inc				X										X										X							
Marvel Technology Group LTD-USD			X											X								X									S
Activision Inc New		X												X								X									S
Adobe Systems Inc (DE)			X											X								X									P
Affymetrix Inc		X												X							X										
C R Bard Inc. New Jersey		X												X							X										
Capital One Financial Corp			X											X							X										S
Caremark RX Inc			X											X							X										S
Cerner Corp			X											X							X										
Cheesecake Factory		X												X							X										
Costco Wholesale Corp New			X											X							X										S
Danaher Corp DE			X											X							X										
Fortune Brands Inc		X												X							X										
Golden West Financial Corp -DE		X												X							X										
Goldman Sachs Group, Inc			X											X							X										P,S
Home Corp -Delaware			X											X							X										
ITT Industries Inc.			X											X							X										
Johnson & Johnson		X												X							X										
Juniper Networks, Inc		X												X							X										
Legg Mason Inc			X											X							X										S

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

Block J — Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".

Asset	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K Over $25,000,000	L Over $50,000,000
M & T Bank Corp.												
McGraw Hill Cos. Inc.												
Monsanto Co. New												
Am Biocs Ltd												
Cintx Systems Inc												
Comscope												
Lam Research												
Man Power Inc. Wis												
Network Appliance, Inc.												
Principal Financial Group, Inc												
Sonic Corp												
Southern Co.		X										
United Health Group, Inc.												
Yahoo, Inc												
Acco Brands		X										
Sprint Nextel												
Garmin LTD												
Apache Corp												
Applera Corp Com Apolled Biot Grp												
Electronic Data Sys. Corp												
General Dynamics Corp												
Informatica Corp												
Powerwave Tech Inc												
Intel Circuit Inc.												
~~Scudder Fixed IRA~~												
Gartmore Moderate Fund												
Gartmore Moderate Aggressive Fund				X								
Gartmore Aggressive												
Gartmore Mid Fund												
Land - Columbia, TN (First Capital)				X								
Land - Murray KY												
Dry Dock - Boat Condo - Longboat Key, FL				X								

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Asset	NONE	Rent	Capital Gains	Interest (Int. Div.)	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)
M & T Bank Corp.					
McGraw Hill Cos. Inc.					
Monsanto Co. New					
Am Biocs Ltd					
Cintx Systems Inc					
Comscope					
Lam Research					
Man Power Inc. Wis					
Network Appliance, Inc.					
Principal Financial Group, Inc					
Sonic Corp					
Southern Co.					
United Health Group, Inc.					
Yahoo, Inc					
Acco Brands					
Sprint Nextel					
Garmin LTD					
Apache Corp					
Applera Corp Com Apolled Biot Grp					
Electronic Data Sys. Corp					
General Dynamics Corp					
Informatica Corp					
Powerwave Tech Inc					
Intel Circuit Inc.					
~~Scudder Fixed IRA~~					
Gartmore Moderate Fund					
Gartmore Moderate Aggressive Fund					
Gartmore Aggressive					
Gartmore Mid Fund					
Land - Columbia, TN (First Capital)			X		
Land - Murray KY		X			
Dry Dock - Boat Condo - Longboat Key, FL		X			

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Asset	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000
M & T Bank Corp.											
McGraw Hill Cos. Inc.		X									
Monsanto Co. New		X									
Am Biocs Ltd		X									
Cintx Systems Inc		X									
Comscope		X									
Lam Research		X									
Man Power Inc. Wis		X									
Network Appliance, Inc.		X									
Principal Financial Group, Inc		X									
Sonic Corp		X									
Southern Co.		X									
United Health Group, Inc.		X									
Yahoo, Inc		X									
Acco Brands		X									
Sprint Nextel		X									
Garmin LTD		X									
Apache Corp		X									
Applera Corp Com Apolled Biot Grp		X									
Electronic Data Sys. Corp		X									
General Dynamics Corp		X									
Informatica Corp		X									
Powerwave Tech Inc		X									
Intel Circuit Inc.		X									
~~Scudder Fixed IRA~~											
Gartmore Moderate Fund		X									
Gartmore Moderate Aggressive Fund		X									
Gartmore Aggressive		X									
Gartmore Mid Fund		X									
Land - Columbia, TN (First Capital)						X					
Land - Murray KY				X							
Dry Dock - Boat Condo - Longboat Key, FL		X									

Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

Asset	Transaction
M & T Bank Corp.	
McGraw Hill Cos. Inc.	S
Monsanto Co. New	
Am Biocs Ltd	P
Cintx Systems Inc	P
Comscope	P
Lam Research	P
Man Power Inc. Wis	P
Network Appliance, Inc.	S
Principal Financial Group, Inc	P
Sonic Corp	
Southern Co.	S
United Health Group, Inc.	S
Yahoo, Inc	S
Acco Brands	
Sprint Nextel	S
Garmin LTD	P,S
Apache Corp	P,S
Applera Corp Com Apolled Biot Grp	
Electronic Data Sys. Corp	S
General Dynamics Corp	
Informatica Corp	
Powerwave Tech Inc	S
Intel Circuit Inc.	P
~~Scudder Fixed IRA~~	
Gartmore Moderate Fund	
Gartmore Moderate Aggressive Fund	
Gartmore Aggressive	
Gartmore Mid Fund	
Land - Columbia, TN (First Capital)	
Land - Murray KY	
Dry Dock - Boat Condo - Longboat Key, FL	

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Page 5 of 13

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, or (b) each non-business asset or source of income which generated more than $200 in income during the year. For rental property or land, provide an address. For stock, bond, or IRA, list one where you have a beneficial interest. Include sufficient information on each asset in the [illegible] and the income earned for the calendar year. If the institution holding the account is a financial institution or an active business that is not publicly traded, describe the nature of the business and its principal activity. See instruction booklet for this section.

Exclude: Your personal residence; liabilities owed to relatives; any debt owed to you by your spouse, or by your spouse's [illegible] deceased; loans totaling $5,000 or less in personal [illegible]; and any debt owed to the Government of the United States.

If you so choose, you may indicate spouse (SP) or dependent child (D) [illegible] on the far left.

Block B — Valuation of Assets

At close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

Asset and/or Income Source	A	B	C	D	E	F	G	H	I	J	K	L	Interest	Dividends	Rent	Royalties	Capital Gains	Tax Exempt	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1-$1,000	III $1,001-$2,500	IV $2,501-$5,000	V $5,001-$15,000	VI $15,001-$50,000	VII $50,001-$100,000	VIII $100,001-$1,000,000	IX $1,000,001-$5,000,000	X $5,000,001-$25,000,000	XI Over $25,000,000	Transaction (P, S, E)
Sarasota Bradenton [illegible]																	X							X							
130 N. Tamiami Trust [illegible]								X							X						X										
First Capital Corp. - Tampa, FL			X														X														
[illegible]																															
J.P. Morgan Mid Cap [illegible]	X																				X										
[illegible]																															
Morgan Stanley Bank [illegible]																					X										
Vanguard Growth Vipers [illegible]					X																	X									
[illegible] - Tampa, FL																															
Florida Dairy Mont Inc. Fund					X																		X								
Peabody Energy Corp				X																	X										P
Barrick Gold Corp				X																		X									S
Mosaic Co				X																	X										S
Novagold Resources																					X										S
FTI Consulting, Inc.				X																	X										S
Eastman Kodak				X																		X									S
Regal Entmt Grp				X																											
Chevron Corp				X																											S
Conocophillips				X																		X									
Deere Company				X																		X									S
RR Donnelly & Sons				X																											S
General Electric Co				X																											
Waste Management, Inc				X																											
WCA Waste Corp				X																	X										
Noventis				X																		X									
Northrop Grumman				X																		X									
Ameren Corp				X																											S
Duke Energy Corp				X																											
Exelon Corp				X																		X									
American Intern'l Grp				X																		X									
Exxon Mobil																						X									
Peabody Energy Corp				X											X							X									P

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Page 6 of 13

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for this reporting year.

Exclude Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

Block B — Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

Asset and/or Income Source	Block B: A Jointly held	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Block C: NONE	Dividends	Rent	Interest	Capital Gains	Excepted Blind Trust	Other Type of Income (Specify, For Example: Partnership Income or Farm Income)	Block D: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Block E: P, S, E
Gold Corp Inc				X																	X											P
AT&T, Inc.				X																			X									P
ACGO Corp																					X											P
Canadian National Resources																					X											P
NETAR				X																				X								P
FPL Grp Inc				X																												
Northern Trust Bank - Chicago, IL IM 305597																																
Nuveen Inv. Quality Muni Fund								X															X									S
Northern Trust Money Market Fund								X															X									P
Wellpoint Inc NT 12-15-09 4.250%						X																	X									P
Weyerhaeuser Co NT 12-15-09 5.250%						X																	X									P
General Mtrs Accep Corp 1-19-10 7.750%						X																	X									P
Harris Cnty Tex Healthy FACX Dev 12-1-35								X																	X							P
Merrill Lynch - Sarasota, FL 33N-40042																																
Merrill Lynch Tax Exempt Fund						X																	X									
US Treasury Note 30-00 12-31-08																								X								P,S
NUV Preferred Income Amp T								X																X								P,S
Ishares MSCI Japan Index				X													X							X								S
Merrill Lynch Institutional MM Fund				X																	X											
Merrill Lynch Bank Deposit		X																				X										
Tampa Elec Co 12-01-34		X																			X											S
ML&CO ARN NIKKE		X																			X											S
Eaton Vance Tax Adv Fund						X															X											
Eaton Vance Div Inc TA GL O-T-28 Fund						X															X											
Eaton Vance TA GL-G-M Fund						X															X											
Western Asset Tips R W7 Fund						X															X											S
Goldman Sachs Muni CL A				X																												
US Treasury Note																					X											S
Florida Mun Power Agy 8.63								X													X											P
Rogers Intl Commodity Fund						X															X											S
11-2001, LC - Jacksonville, FL - Auto Dealer																	X		Distrib										X			S
1299, LC - Venice, FL - Auto Dealer (combined w/ 1099, LC)										X									Distrib						X							

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A — Asset and/or Income Source

Identify (a) each asset that is held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide the names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held (JT) in the optional column on the far left.

Block B — Value of Assets (at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None")

Asset	A	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000
Bowling Green Dealership, LC - Bowling Green, KY - Auto Dealer												
MB Acquisition & Leasing LLC (airplane)												
Avon Park, LC - Avon Park, FL - Auto Dealer		X										
Gwinnett, LLC - Duluth, GA - Auto Dealer												
Roger Whitley, Inc. - Tampa, FL - Auto Dealer												
Black Mountain Ford, LLC - Black Mountain, NC - Auto Dealer	X											
Black Mountain Chevrolet, LLC - Black Mountain, NC - Auto Dealer												
UNF 1434, LLC - Sarasota, FL - Invest Property												
Jarrat Realty, Inc. - Sarasota, FL - Real Estate Sales				X								
Manto Park Condo - Manto Park, CA - Investment												
Speedway Investments Co. - Apartment Building - W. Bloomfield, MI												
Georgetowne Properties, LLC - Office Building - Bingham Farms, MI												
Palma Sola, LC - Bradenton, FL		X										
Palma West, LLP - Bradenton, FL												
Greenwood Hotel, LLC - Bradenton, FL												
Beaver Creek, LLC - Avon, CO										X		
Club Ltd - Club Cay, Bahamas								X				
MJB, Tampa, FL												
Gamble Oaks, LLC - Ellenton, FL									X			
Ellenton Edge, LLC - Ellenton, FL									X			
Cortez Landings, LLC - Bradenton, FL									X			
Loan to Sarasota 500, LLC - Sarasota, FL									X			
RBC Centura Money Market 3.53% 5-4-06	X											
Sun Trust Bank - Sarasota, FL												
Lighthouse Global Hedge Fund (Transferred to Asset Mgmnt Advisors)	X											
Lighthouse Low Volatility Hedge Fund (Transferred to Asset Mgmnt Advisors)	X											
Buchanan Investment Co., LLC - Real Estate & Stocks												
UBS Financial Services				X								
Auto Central Services, Inc. - Sarasota, FL - Management Co												
Auto Liquidators of SW Florida, Inc. - Remote Auto Sales		X										
University Chevrolet, LLC	X											
Wachovia Texas South Trust Bank, Sarasota, FL			X									

Block C — Type of Income (Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.)

Asset	NONE	Rent	Capital Gains	Interest	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)
Bowling Green Dealership, LC - Bowling Green, KY - Auto Dealer					Distrib
MB Acquisition & Leasing LLC (airplane)					None
Avon Park, LC - Avon Park, FL - Auto Dealer			X		Distrib
Gwinnett, LLC - Duluth, GA - Auto Dealer			X		Distrib
Roger Whitley, Inc. - Tampa, FL - Auto Dealer					Distrib
Black Mountain Ford, LLC - Black Mountain, NC - Auto Dealer		X	X		Distrib
Black Mountain Chevrolet, LLC - Black Mountain, NC - Auto Dealer					Distrib
UNF 1434, LLC - Sarasota, FL - Invest Property			X		
Jarrat Realty, Inc. - Sarasota, FL - Real Estate Sales					Commiss
Manto Park Condo - Manto Park, CA - Investment		X			
Speedway Investments Co. - Apartment Building - W. Bloomfield, MI					Distrib
Georgetowne Properties, LLC - Office Building - Bingham Farms, MI		X			Distrib
Palma Sola, LC - Bradenton, FL			X		Distrib
Palma West, LLP - Bradenton, FL		X	X		Distrib
Greenwood Hotel, LLC - Bradenton, FL	X				
Beaver Creek, LLC - Avon, CO		X			
Club Ltd - Club Cay, Bahamas	X				
MJB, Tampa, FL	X				Distrib
Gamble Oaks, LLC - Ellenton, FL	X				Distrib
Ellenton Edge, LLC - Ellenton, FL	X				Distrib
Cortez Landings, LLC - Bradenton, FL	X				Distrib
Loan to Sarasota 500, LLC - Sarasota, FL		X			
RBC Centura Money Market 3.53% 5-4-06		X			
Sun Trust Bank - Sarasota, FL					
Lighthouse Global Hedge Fund (Transferred to Asset Mgmnt Advisors)	X				
Lighthouse Low Volatility Hedge Fund (Transferred to Asset Mgmnt Advisors)	X				
Buchanan Investment Co., LLC - Real Estate & Stocks					
UBS Financial Services					Distrib
Auto Central Services, Inc. - Sarasota, FL - Management Co					
Auto Liquidators of SW Florida, Inc. - Remote Auto Sales	X				
University Chevrolet, LLC					Distrib
Wachovia Texas South Trust Bank, Sarasota, FL	X				

Block D — Amount of Income (For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.)

Asset	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000
Bowling Green Dealership, LC - Bowling Green, KY - Auto Dealer	X										
MB Acquisition & Leasing LLC (airplane)	X										
Avon Park, LC - Avon Park, FL - Auto Dealer									X		
Gwinnett, LLC - Duluth, GA - Auto Dealer									X		
Roger Whitley, Inc. - Tampa, FL - Auto Dealer	X										
Black Mountain Ford, LLC - Black Mountain, NC - Auto Dealer									X		
Black Mountain Chevrolet, LLC - Black Mountain, NC - Auto Dealer									X		
UNF 1434, LLC - Sarasota, FL - Invest Property	X										
Jarrat Realty, Inc. - Sarasota, FL - Real Estate Sales		X									
Manto Park Condo - Manto Park, CA - Investment											
Speedway Investments Co. - Apartment Building - W. Bloomfield, MI											
Georgetowne Properties, LLC - Office Building - Bingham Farms, MI						X					
Palma Sola, LC - Bradenton, FL					X						
Palma West, LLP - Bradenton, FL									X		
Greenwood Hotel, LLC - Bradenton, FL	X										
Beaver Creek, LLC - Avon, CO		X									
Club Ltd - Club Cay, Bahamas	X										
MJB, Tampa, FL	X										
Gamble Oaks, LLC - Ellenton, FL	X										
Ellenton Edge, LLC - Ellenton, FL	X										
Cortez Landings, LLC - Bradenton, FL	X										
Loan to Sarasota 500, LLC - Sarasota, FL								X			
RBC Centura Money Market 3.53% 5-4-06				X							
Sun Trust Bank - Sarasota, FL											
Lighthouse Global Hedge Fund (Transferred to Asset Mgmnt Advisors)	X										
Lighthouse Low Volatility Hedge Fund (Transferred to Asset Mgmnt Advisors)	X										
Buchanan Investment Co., LLC - Real Estate & Stocks											
UBS Financial Services				X							
Auto Central Services, Inc. - Sarasota, FL - Management Co		X									
Auto Liquidators of SW Florida, Inc. - Remote Auto Sales	X										
University Chevrolet, LLC							X				
Wachovia Texas South Trust Bank, Sarasota, FL		X									

Block E — Transaction (Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.)

Asset	Transaction
Bowling Green Dealership, LC - Bowling Green, KY - Auto Dealer	
MB Acquisition & Leasing LLC (airplane)	P
Avon Park, LC - Avon Park, FL - Auto Dealer	S
Gwinnett, LLC - Duluth, GA - Auto Dealer	P S
Roger Whitley, Inc. - Tampa, FL - Auto Dealer	S
Black Mountain Ford, LLC - Black Mountain, NC - Auto Dealer	S
Black Mountain Chevrolet, LLC - Black Mountain, NC - Auto Dealer	S
UNF 1434, LLC - Sarasota, FL - Invest Property	S
Jarrat Realty, Inc. - Sarasota, FL - Real Estate Sales	
Manto Park Condo - Manto Park, CA - Investment	
Speedway Investments Co. - Apartment Building - W. Bloomfield, MI	
Georgetowne Properties, LLC - Office Building - Bingham Farms, MI	
Palma Sola, LC - Bradenton, FL	S
Palma West, LLP - Bradenton, FL	S
Greenwood Hotel, LLC - Bradenton, FL	
Beaver Creek, LLC - Avon, CO	
Club Ltd - Club Cay, Bahamas	
MJB, Tampa, FL	
Gamble Oaks, LLC - Ellenton, FL	
Ellenton Edge, LLC - Ellenton, FL	
Cortez Landings, LLC - Bradenton, FL	
Loan to Sarasota 500, LLC - Sarasota, FL	
RBC Centura Money Market 3.53% 5-4-06	S
Sun Trust Bank - Sarasota, FL	
Lighthouse Global Hedge Fund (Transferred to Asset Mgmnt Advisors)	
Lighthouse Low Volatility Hedge Fund (Transferred to Asset Mgmnt Advisors)	
Buchanan Investment Co., LLC - Real Estate & Stocks	
UBS Financial Services	
Auto Central Services, Inc. - Sarasota, FL - Management Co	
Auto Liquidators of SW Florida, Inc. - Remote Auto Sales	
University Chevrolet, LLC	S
Wachovia Texas South Trust Bank, Sarasota, FL	

Schedule III - ASSETS AND "UNEARNED" INCOME	Name Vernon G. Buchanan	Page 8 of 13

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. FOr a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. FOr an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

Block B — Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

SP/DC/JT	Block A	B: A	B: B ($1 - $1,000)	B: C	B: D ($15,001-$50,000)	B: E	B: F ($100,001-$250,000)	B: G	B: H ($500,001-$1,000,000)	B: I	B: J ($5,000,001-$25,000,000)	B: K	B: L (Over $50,000,000)	C: NONE	C: [illegible]	C: Rent	C: [illegible]	C: Capital Gains	C: [illegible]	C: Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	D: I (None)	D: II	D: III ($201-$1,000)	D: IV	D: V ($2,501 - $5,000)	D: VI	D: VII ($15,001 - $50,000)	D: VIII	D: IX ($100,001 - $1,000,000)	D: X	D: XI (Over $5,000,000)	E: P, S, E
	SunTrust Bank, Orlando, FL																															
	QXA Dividend Plan, Providence, RI																															
	301 Oxford, LLP																	X		None		X										P
	[illegible]																															
	Boca Grande Real Estate Interest																	X											X			P, S
	Marshall & Ilsley Bank (Formerly Gold Bank) 7-19-07 4.25%								X																X							
	AmSouth CD 7-8-08 4.00%																								X							S
	Ed Buchanan Note - Sarasota, Florida				X																											
	AmSouth Brokerage Acct [illegible]																															
	Pioneer Tax Free Money Mkt Fund				X																				X							P
	Montgomery Cnty AL W7S																								X							P
	Chicago, ILL Pk Dist RFDG - Alt Rev								X																		X					P
	Clackamas, Washington Cnty One Sch Dist																															P
	Hammon, Ind multz Sch Bldg Corp First																															P
	Nassau County, NY Interim Fin Auth				X																											P
	High Aspen Ranch Property Holdings, LLC - Land in Colorado								X											Distrib	X											
DC	SunTrust IRA - [illegible] Buchanan, DC - [illegible]																															
DC	STI Classic Prime Quality MMKT		X																													
DC	Vanguard Index Trust S&P 500																															
DC	SunTrust [illegible] IRA - [illegible] Buchanan, DC																															
DC	STI Classic Prime Quality MMKT		X																													
DC	Munder Trust Index 500 Class B																															
DC	Raymond James - [illegible] Buchanan 32F19185																															
DC	California Pizza Kitchen																															
DC	Spectra Link																															
DC	Cash		X																													P
DC	Biomed Realty Trust																															P
DC	SunTrust, [illegible] Buchanan PSP 000787																															
DC	STI Classic Prime Quality Money Mkt		X																													
DC	Vanguard Index Trust 500 Class B																															
	SunTrust Bank - Sarasota, FL																															
	AA Rogalstem Gargus 36-day Tax Exempt Bond 3.85%															X										X						

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Page 9 of 13

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information see the instruction booklet for this reporting year.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

Block B — Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and its included only because a generated income, the value should be "None"

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for "Income". For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received

Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year

Asset and/or Income Source	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	NONE	Rent	Capital Gains	Dividends	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Type P, S, E
Loan to Bill McKissick																													P
Loan to Mark Smith								X																					P
Loan to Brandi Hayes																													P
Loan to Leonard Johnson						X																							P
Loan to Black Mountain Ford, LLC & Black Mountain Chevrolet, LLC																						X							P
Loan to Sam Kazman, Premier Dodge								X							X		Dist							X					P
~~AmGroth 4WD-051210~~																													
Pioneer Tax Free Money Mkt Fund				X																		X							P
Tewksbury, Mass 3.0%						X																X							P
Massachusetts P St Wtr Pollution Abate						X																X							P
Upper Trinity Reg'l Wtr Dist Tax Wtr Rev						X																X							P
Arizona Wtr Infrastructure Fin						X																X							P
Fond Du Lac, Wis Sch Dist RFDG						X																X							P
~~AmGroth 4WD-018020~~																													
Blackrock Muni Income TR Auction																													P,S
Blackrock Muni Income TR II Auction																													P,S
Arizona Health Facs Auth Hosp Sys Rev								X														X							P,S
~~AmGroth Managed Accounts, A (SubTotal Affiliate)~~																													
Illinois Fin Auth Rev																		X											P
Jefferson PAR LA HSP SVC DST I HSP Rev																		X											P
Washington ST CTFS DARTW						X														X									P
Elkhart, Ind Pk Dist						X														X									P
Burlington, Iowa						X												X											P
Salt Rv Proj Ariz Agri Imp						X																							P
Will Cnty, ILL Sch Dist No 122						X																							P
Kansas City Wash Pub																					X								P
Illinois Hsg Dev Auth						X															X								P
North Charleston, SC CTFS Partn						X												X											P
Orlando & Orange Cunty Expwy Rv																						X							P
Kans Wash						X									X									X					P

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

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Block B — Valuation of Assets (at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None")

Asset and/or Income Source	None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	L
Mid Cities Met Distr No Colo						X							
Rowlett, Tex						X							
Energy Northwest Wash Elect Rev													
Pittsburgh, PA						X							
Iowa Fin Auth Health Care						X							
Vantex Indpl Sch Dist						X							
North Carolina MMM Power No 1						X							
Michigan St. Strategic FD Ltd						X							
Collier Cnty FL Indl DV Health													
North Carolina Cap Facs Fin Agency						X							
AMA US Equity Op Fund OP LP													
AMA International Equity FUnd													
Abbey Capital ACL ALT Fund Ltd													
AMA Hedged Equity Fund QPLP													
Greenlight Masters LP													
LH Global Long/Short Fund LP								X					
Lighthouse Low Volatility FD QP													
Lyrical Multi Mgr Fund Op LP													
Rotella Polaris Fund, LLC													
Silver Creek Entry Adv Fund LP													
Silver Creek Low Vol Strat										X			
Herons Glen Rec Dist Fla SPL						X							
Whitewater Wis Wtr Wtrs Sys Rev						X							
Peabody Miss						X							
Bechtiman Subordinate, Ltd - Sarasota, FL													
SunTrust 5820874													
STI Classic FDS Prime Quality Money Mkt FD													

Block C — Type of Income (Check all columns that apply. Check "None" if asset did not generate any income during the calendar year)

Asset and/or Income Source	None	Dividends	Rent	Interest	Capital Gains	Capital Gains Real Estate	Other Type of Income (Specify: For Example Partnership Income or Farm Income)
Mid Cities Met Distr No Colo							
Rowlett, Tex							
Energy Northwest Wash Elect Rev							
Pittsburgh, PA							
Iowa Fin Auth Health Care							
Vantex Indpl Sch Dist							
North Carolina MMM Power No 1							
Michigan St. Strategic FD Ltd							
Collier Cnty FL Indl DV Health							
North Carolina Cap Facs Fin Agency							
AMA US Equity Op Fund OP LP							
AMA International Equity FUnd							
Abbey Capital ACL ALT Fund Ltd							
AMA Hedged Equity Fund QPLP							
Greenlight Masters LP							
LH Global Long/Short Fund LP							
Lighthouse Low Volatility FD QP							
Lyrical Multi Mgr Fund Op LP							
Rotella Polaris Fund, LLC							
Silver Creek Entry Adv Fund LP							
Silver Creek Low Vol Strat							
Herons Glen Rec Dist Fla SPL							
Whitewater Wis Wtr Wtrs Sys Rev							
Peabody Miss							
Bechtiman Subordinate, Ltd - Sarasota, FL							
SunTrust 5820874							
STI Classic FDS Prime Quality Money Mkt FD				X			

Block D — Amount of Income (For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received)

Asset and/or Income Source	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000
Mid Cities Met Distr No Colo						X					
Rowlett, Tex						X					
Energy Northwest Wash Elect Rev					X						
Pittsburgh, PA						X					
Iowa Fin Auth Health Care	X										
Vantex Indpl Sch Dist						X					
North Carolina MMM Power No 1					X						
Michigan St. Strategic FD Ltd					X						
Collier Cnty FL Indl DV Health						X					
North Carolina Cap Facs Fin Agency	X										
AMA US Equity Op Fund OP LP									X		
AMA International Equity FUnd									X		
Abbey Capital ACL ALT Fund Ltd							X				
AMA Hedged Equity Fund QPLP									X		
Greenlight Masters LP									X		
LH Global Long/Short Fund LP									X		
Lighthouse Low Volatility FD QP							X				
Lyrical Multi Mgr Fund Op LP								X			
Rotella Polaris Fund, LLC							X				
Silver Creek Entry Adv Fund LP									X		
Silver Creek Low Vol Strat									X		
Herons Glen Rec Dist Fla SPL						X					
Whitewater Wis Wtr Wtrs Sys Rev					X						
Peabody Miss						X					
Bechtiman Subordinate, Ltd - Sarasota, FL											
SunTrust 5820874											
STI Classic FDS Prime Quality Money Mkt FD	X										

Block E — Transaction (Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year)

Asset and/or Income Source	P, S, E
Mid Cities Met Distr No Colo	P
Rowlett, Tex	P
Energy Northwest Wash Elect Rev	P
Pittsburgh, PA	P
Iowa Fin Auth Health Care	P
Vantex Indpl Sch Dist	P
North Carolina MMM Power No 1	P
Michigan St. Strategic FD Ltd	P
Collier Cnty FL Indl DV Health	P
North Carolina Cap Facs Fin Agency	P
AMA US Equity Op Fund OP LP	P
AMA International Equity FUnd	P
Abbey Capital ACL ALT Fund Ltd	P
AMA Hedged Equity Fund QPLP	P
Greenlight Masters LP	P
LH Global Long/Short Fund LP	Transferred from SunTrust
Lighthouse Low Volatility FD QP	Transferred from SunTrust
Lyrical Multi Mgr Fund Op LP	P
Rotella Polaris Fund, LLC	P
Silver Creek Entry Adv Fund LP	P
Silver Creek Low Vol Strat	P
Herons Glen Rec Dist Fla SPL	P,S
Whitewater Wis Wtr Wtrs Sys Rev	P,S
Peabody Miss	P,S
Bechtiman Subordinate, Ltd - Sarasota, FL	
SunTrust 5820874	
STI Classic FDS Prime Quality Money Mkt FD	

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Page 11 of 13

Block A — Asset and Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for this reporting year.

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at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

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Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

	Block A	A	B	C	D	E	F	G	H	I	J	K	L	NONE	Rent	Capital Gains	Interest	Other Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 - $200	III $201-$1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Block E P, S, E
			$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000																	
	STI Classic FDS - US Governm Secs Money Mkt						X																							
	SunTrust 5[illegible]																													
	STI Classic FDS Prime Quality Money Mkt FD				X														X											
	STI Classic FDS Prime Quality Money Mkt F2																													
	Proctor & Gamble				X																									
	Bank of America				X																									
	Citigroup				X																									
	Chase																					X								
	SPDR TR Unit Ser 1 Std & Poors						X															X								
	SunTrust 5[illegible]																													
	STI Classic Prime Quality Money Mkt																				X									
	Vanguard Total Stock Market						X															X								
DC																														
SP																														
DC	Greater Atlantic Holding Ltd. Bermuda															X				X										
SP																														
DC	Jamaica Reinsurance Co., Ltd - Sarasota, FL									X					X								X							
SP																														
DC	SunTrust 5[illegible]																													
SP																														
DC	STI Classic FDS US Governt Secs Money Mkt		X													X					X									
SP																														
DC	STI Classic FDS US Governt Secs Money Mkt				X											X								X						
SP																														
DC	Lighthouse Diversified OPI LP									X					X						X									
SP																														
DC	SunTrust 5[illegible]																													
SP																														
DC	STI Classic FDS US Governt Secs Money Mkt					X										X								X						

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A — Asset and Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held (JT), in the optional column on the far left.

Block B — Value of Assets as close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

Block C — Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

DC/SP	Asset and Income Source	A	B $1 - $1,000	C	D $15,001-$50,000	E	F $100,001-$250,000	G	H $500,001-$1,000,000	I	J $5,000,001-$25,000,000	K	L Over $50,000,000	NONE	Rent	Interest	Capital Gains	Dividends	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 - $200	III $201-$1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	Block E Transaction (P, S, E)
DC																															
SP	STI Classic FDS US Govmnt Sec Money Mkt						X																		X						
DC																															
SP	Federal Home Loan Mtg Corp Med Term				X																				X						
DC																															
SP	US Treasury Note 8-15-07 3.25				X																				X						
DC																															
SP	US Treasury Note 8-15-08 3.25				X																				X						
DC																															
SP	US Treasury Note 11-15-08 3.35				X																				X						
DC																															
SP	US Treasury Note 5-15-07 3.125				X																				X						
DC																															
SP	US Treasury Note 1-31-07 3.125				X																				X						
DC																															
SP	US Treasury Note 4-15-10 4.0																								X						
DC																															
SP	US Treasury Note 7-31-07 3.875																								X						
DC	Intnational Marinas, Chub Ltd - Chub Cay, Bahamas																														
SP																	X				X										
DC	Oxford, MI Property																														
SP																	X														
DC	Chub Cay Associates - Dock Lease																														
SP															X						X										
DC	Jamat Moorings, LLC - Dock Rental																														
SP									X						X							X									
SP	Northern Trust Securities NTI-306298																														
SP	Money Market				X												X					X									P
SP	Hams Cnty Tax Health Facs 12-1-35								X														X								P

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held (JT), in the optional column on the far left.

Block B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

Block C

Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D

Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E

Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year

	Asset and/or Income Source	A $1-$1,000	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000	L	NONE	Rent	Interest	Capital Gains	Dividends	Blind Trust	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	Nuveen Muni FD																								X							$
SP	SunTrust 5000871																															
SP	Money Market															X																
SP	Lighthouse Global Long/Short Fund														X		X										X					

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do no report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT		Type of: PURCHASE	Type of: SALE	Type of: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001-250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10/12/2006		X								
	Neuberger Berman, Tampa, FL														
	Peabody Energy Corp	X			Various Purch Dates		X								
	Gold Corp Inc	X			11/7/2006		X								
	Novagold Resources, Inc		X		11/28/2006	X									
	Deere & Co.		X		11/28/2006	X									
	AT&T, Inc.	X			Various Purch Dates		X								
	Barrick Gold Corp		X		Various Sale Dates		X								
	AGCO Corp	X			10/16/2006		X								
	Canadian Natural Resources	X			Various Purch Dates			X							
	FTI Consulting, Inc.		X		8/9/2006		X								
	Ameren Corp		X		8/10/2006		X								
	NSTAR	X			8/15/2006		X								
	Nova Gold		X		8/21/2006	X									
	Chevron Corp		X		6/2/2006		X								
	[illegible]		X		4/27/2006	X									
	[illegible]		X		4/27/2006		X								
	[illegible]		X		4/27/2006		X								
	Buchanan Ventures, Inc. - [illegible]		X		5/8/2006								X		
	[illegible] Inc. - Auto [illegible], Sarasota, FL		X		5/8/2006									X	
	1888 Management [illegible], LLC														
	The Mall, LLC, Sarasota, FL		X		4/26/2006							X			
	VB Investments of Ocala, LLC - Auto Dealership		X		6/30/2006								X		
	VB Investments, Inc. - 1031 [illegible]		X	X	6/30/2006								X		
	[illegible] Sarasota Point, Sarasota - [illegible]			X	7/31/2006					X					
	[illegible]	X		X	12/18/2006								X		
	[illegible]	X			1/30/2006							X			
	[illegible]			X	8/1/2006						X				
	[illegible]		X		3/21/2006							X			
	[illegible]		X		9/14/2006							X			
	[illegible]	X			1/12/2006						X				
	[illegible]		X		8/28/2006							X			
	[illegible]		X		04/01/06					X					
	[illegible]		X		04/01/06				Included in line item just above						
	[illegible]		X		11/01/06							X			
	[illegible]		X		11/01/06							X			
	[illegible]		X		11/10/06							X			
	[illegible]		X		10/07/05	X									
	Pointe West, LLP, Bradenton, [illegible]	X			12/18/06								X		
	501 Oxford, LLC, Pamel[illegible]	X			06/01/06					X					
	Orange Park, LLC														

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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		Type of			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001-250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Boca Grande Real Estate, Boca Grande, FL	X	X		06/20/06								X		
	Merrill Lynch 23V-10042														
	US Treasury Note 3000 12-31-06	X			10/20/06					X					
	Tampa Electric		X		06/27/06						X				
	NVV Premier Income AmpT		X		06/27/06				X						
	Ishares MSCI Japan Index		X		04/12/06		X								
	Rogers Int'l Commodity		X		04/13/06				X						
	Rogers Int'l Commodity		X		05/15/06			X							
	Rogers Int'l Commodity		X		05/15/06	X									
	Rogers Int'l Commodity		X		06/19/06	X									
	Rogers Int'l Commodity		X		06/19/06		X								
	Rogers Int'l Commodity		X		06/21/06	X									
	Rogers Int'l Commodity		X		06/21/06	X									
	Rogers Int'l Commodity		X		06/21/06		X								
	ML & Co. Am Nikkei 225		X		11/21/06		X								
	US Treasury Bill		X		12/07/06		X								
	Florida Mun. Power Agy 6-B3	X			06/30/06						X				
	Wesem Asset Tips 11 W7 Fund				11/09/06				X						
DC	Matt Buchanan Raymond James 32119185														
DC	California Pizza Kitchen	X			10/26/06	X									
DC	Spectra Link Corp	X			10/26/06	X									
	AmSouth CD 7-8-06 4.00%		X		04/08/06						X				
	RBC Centura - Money Market 3.59% 5-4-06		X		08/15/06					X					
	Loan to Bill Mckissick	X			09/15/06					X					
	Loan to Mark Brivik	X			06/20/06						X				
	Loan to Brenda Hayes	X			09/15/06	X									
	Loan to Leonard Johnson	X			10/21/06				X						
	Loan to Black Mountain Ford, LLC & Black Mountain Chevrolet, LLC	X			11/01/06						X				
	Loan to Sam Kazran, Premier Dodge	X			06/26/06						X				
	Asset Management Advisors, a SunTrust Affiliate														
	Illinois Fin. Auth. Rev	X			06/26/06					X					
	Jefferson Par La Hsp Svc DST 1 HSP	X			07/06/06					X					
	Washington ST CTFS Partn	X			06/23/06				X						
	Elkhart Ind. Plk Dist	X			07/05/06				X						
	Burlington Iowa	X			06/22/06				X						
	Salt Rvr Proj. Arz Agri Imp & Pwer Dist Elec	X			06/26/06				X						
	Illinois Hsg Dev Auth	X													
	Wil Cunty Ill Sch Dist No 122	X			06/28/06				X						
	Kittitas Cnty Wash Pub Hsp	X			11/17/06				X						
	North Charleston Sc Ctbs Partn	X			06/28/06				X						
	Orlando & Grange Cnty Expwy	X			06/28/06					X					
	Kent Wash	X			06/28/06				X						
	Midcities Mot Dist No. 2 Colo	X			07/01/06				X						
	Rowlett, Tex	X			06/28/06				X						

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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	Type of			Date	Amount of Transaction									
	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001-250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
Energy N.W. Wash Elect Rev	X			06/22/06					X					
Pittsburgh, PA	X			06/23/06				X						
Iowa Fin Auth Helth Care Facs	X			06/27/06				X						
Van Tex Indpt Sch Dist	X			06/28/06				X						
N.C. Mun Pwr No 1 Catawba Elec	X			06/23/06				X						
Mich. St. Strat FD Ltd Oblig Rev	X			06/27/06				X						
Collier Cnty Fla Indldv Hlth	X			07/03/06				X						
N.C. Cap Facs Fin Agy Rev	X			12/07/06				X						
AMA Intern. Equity Fund Qp Lp	X			07/01/06							X			
AMA US Equity Opp Fund Qp Lp	X			07/01/06							X			
Abbey Cap Acl Alt. Fund Ltd	X			06/23/06							X			
AMA Hedged Equity Fund QP LP	X			07/01/06							X			
Greenligh Masters LP	X			07/01/06							X			
Lydical Multi Mgr Fund QP LP	X			07/01/06							X			
Rotella Polaris Fund LLC	X			07/01/06							X			
Silver Creek Eairy Adv. Fun LP	X			07/01/06							X			
Silver Creek Low Vol Strat	X			07/01/06								X		
Herons Glen Rec Dist Fla Spl Assmt		X		12/12/06				X						
White Water Wis Wtr Wks Sys Rev		X		11/21/06				X						
Peabody Mass		X		08/01/06				X						
Herons Glen Rec Dist Fla Spl Assmt	X			08/14/06				X						
Smith Barney IRA														
Southern Co		X		03/01/06	X									
US Treasury Notes, 2014		X		07/03/06		X								
Activision		X		03/10/06	X									
Select Sector SPDR Energy	X			04/07/06	X									
Network Appliance		X		04/24/06	X									
Power Wave Technology		X		05/03/06	X									
United Helath Group		X		05/10/06	X									
Corning	X			06/02/06	X									
Jabil		X		06/28/06	X									
Sprint/Nextel		X		06/28/06	X									
Garmin	X			06/30/06	X									
Adobe	X			06/30/06	X									
Goldman Sachs	X			06/30/06	X									
Marathon Oil	X			06/30/06	X									
Principal Financial Gorup	X			06/30/06	X									
Select Sector SPDR Energy	X			06/30/06	X									
United Parcel Service CL B	X			06/30/06	X									
AM Docs Ltd	X			05/25/06	X									
AM Docs Ltd	X			05/26/06	X									
AM Docs Ltd	X			06/30/06	X									
Citrix Systems	X			06/30/06	X									
Comm Scope Inc	X			06/06/06	X									

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

		Type of			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001-250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Lam Research Corp	X			12/28/06	X									
	Man Power Inc. Wis	X			05/24/06	X									
	Marathon Oil Corp	X			06/05/06	X									
	Omnicom Group Inc	X			12/28/06	X									
	Oracle Corp	X			11/08/06	X									
	Polycom Inc	X			10/30/06	X									
	Schwab Charles Corp	X			10/30/06	X									
	VTS SPDR Trust	X			09/27/06	X									
	Apache Corp		X		12/27/06	X									
	Apache Corp	X			02/17/06	X									
	McGraw Hill Co. Inc		X		12/14/06	X									
	Marvel Technology		X		07/19/06	X									
	Garmin Inc.		X		07/28/06	X									
	Corning		X		08/23/06	X									
	Electronic Data Systems		X		08/28/06	X									
	Electronic Data Systems		X		08/29/06	X									
	CareMark RX		X		09/08/06	X									
	Capital One		X		09/15/06	X									
	Cost Co		X		09/27/06	X									
	United Parcel Svc Class B		X		09/27/06	X									
	Costco		X		09/28/06	X									
	Godman Sachs		X		10/11/06	X									
	Select Sector SPDR Energy		X		10/24/06	X									
	Poly Com		X		10/31/06	X									
	Yahoo		X		11/06/06	X									
	Legg Mason		X		11/14/06	X									
	Morgan Stanley IRA 663026978144														
	US Treasury Bill		X				X								
	Northern Trust Bank (NTI-305197)														
	Nuveen Inv Guaranty Muni Fund		X		03/10/06							X			
	Northern Trust Money Mkt Fund	X			01/01/06						X				
	Wellpoint Inc. NT 12-15-09 4.250%	X			03/21/06				X						
	Weyerhouser Co NT 12-15-09 5.250%	X			03/21/06				X						
	GMAC 1-19-10 7.750%	X			03/13/06				X						
	Harris Cnty Tax Health Facs Dev 12-1-35	X			03/24/06						X				
SP	Northern Trust Securities (NT-305294)														
SP	Harris Cnty Tax Health Facs Dev 12-1-35	X			04/21/06					X					
SP	Nuveen Numi FD		X		04/09/06					X					
SP	Money Market	X			04/01/06					X					
	AmSouth Loan Collateral 4W0-911210														
	Pioneer Tax Free Money Mkt Fund	X			11/01/06		X								
	Tewksberry, MA 3.0% 2/15/10 BE	X			09/22/06				X						
	Massachusettes St Watr Pollution Abatment	X			09/22/06				X						
	Upper Trinity Regl Wtr Dist Tex Wtr Rev	X			09/22/06				X						

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do no report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

		Type of			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001-250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Arizona Wtr Infrastructure Fin	X			09/22/06				X						
	Fond Du Lac, Wis. Sch Distr RFDG	X			09/22/06				X						
	AmSouth 4W0 818928														
	Pioneer Tax Free Money Mkt Fund	X			12/01/06		X								
	Montgomery Cnty AL W7S	X			09/25/06			X							
	Chicago, ILL Pk Dist RFDG - Alt Rev	X			09/25/06						X				
	Clackamas, Washington Cnty Ore Sch Dist	X			09/25/06			X							
	Hammon, Ind multz Sch Bldg Corp First	X			09/25/06			X							
	Nassau County, NY Interim Fin Auth	X			08/25/06		X								
	Blackrock Mun Income TR Auction	X			07/26/06					X					
	Blackrock Mun Income TR Auction		X		08/09/06					X					
	Blackrock Mun Income TR II Auction	X			07/26/06					X					
	Blackrock Mun Income TR II Auction		X		08/09/06					X					
	Arizona Health Facx Auth Hosp Sys Rev	X			08/24/06						X				
	Arizona Health Facx Auth Hosp Sys Rev		X		09/21/06						X				

SCHEDULE V - LIABILITIES

Name: Vernon G. Buchanan

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Roger Whitley, Agent Michael Whitley- Tampa, Fl (PAID OFF)	2nd Mortgage on University Chevrolet							X			
	World Omni Financial, Deerfield Beach, FL (2)	Acquisition of Elizabeth City, LLC					X					
	Chase Bank - Tampa, FL (PAID OFF)	Acquisition of Bowling Green Dealership							X			
	Colonial Bank - Sarasota, FL	Mortgage on 130 N. Tamiami Trail							X			
	Bank of Commerce - Sarasota, FL	Acquisition of Elizabeth City Toyota					X					
	First Nat'l Bank of Bradenton (was Landmark Bank) Sarasota, FL	Mortgage on 6430 Hollywood Blvd. Property							X			
	Wachovia - Sarasota, FL	Mortgage on Menlo Park, CA - Condo						X				
	SunTrust Bank - Sarasota, FL	Mortgage on 996, LLC - 435 N. Washington, Sarasota, FL					X					
	Marshall & Ilsley Bank - Sarasota, FL	Acquisition on 1099 Management, LLC							X			
	Marshall & Ilsley Bank - Sarasota, FL	Mortgage on Buchanan Automotive Holdings, Inc								X		
	RBC Centura - Sarasota, FL (PAID OFF)	Acquisition of Ocala, Black Mountain, University Chevrolet & Bowling Green							X			
	Wachovia - Sarasota, FL	Acquisition of 600 LLC						X				
	World Omni Financial - Deerfield Beach, FL	Acquisition of St. Augustine Toyota						X				
	Synovus Bank (was - Peoples Bank) Port Richey, FL (PAID OFF)	Acquisition of Suncoast Ford							X			
	Chase Bank - Tampa, FL (PAID OFF)	Acquisition of Avon Park Chevrolet						X				
	Regions Bank (was AmSouth Bank)	Mortgage on Broward Yacht							X			
	Wachovia Bank, Sarasota, FL	Mortgage on Avon, CO Residence							X			
	Wachovia Bank, Sarasota, FL (PAID OFF)	Mortgage on 1404, LLC							X			
	Bank of America, Jacksonville, FL	Acquisition of Jacksonville Hyundai					X					
	Wachovia Bank, Sarasota, FL	Mortgage on Country Club Shores, LLC							X			
	Regions Bank, Tampa, FL	Mortgage on University Chevrolet Property							X			
	SunTrust Bank, Sarasota, FL	Line of Credit - Various projects							X			
	Bank of America, Sarasota, FL (PAID OFF)	Line of Credit						X				
	Wachovia Bank, Sarasota, FL (PAID OFF)	Line of Credit						X				
	Marshall & Ilsley (was Gold Bank), Sarasota, FL (PAID OFF)	Line of Credit - Acquisition							X			
	SunTrust Leasing - Baltimore, MD (PAID 2007)	Purchase of Embraer Legacy								X		
	AmSouth Bank - Paid Off	Line of Credit						X				
	Wachovia Bank, St Augustine, FL	Acquisition of Toyota of Elizabeth City							X			
	Bank of Brevard, St Augustine, FL	Acquisition of St. Augustine Toyota				X						
	M&I Marshall & Ilsley Bank, Sarasota, FL	Acquisition of Bowling Green Dealership					X					
	M&I Marshall & Ilsley Bank, Sarasota, FL	Acquisition of Gwinnett Dodge						X				
	M&I Marshall & Ilsley Bank, Sarasota, FL	Line of Credit - Real Estate Projects							X			
	Wachovia Bank	Line of Credit - Bowling Green						X				
	SunTrust Bank	Capital Loan - Bowling Green							X			
	Regions (was AmSouth Bank)	Acquisition of Bowling Green, Black Mountain							X			
	M&I Marshall & Ilsley Bank, Sarasota, FL	Acquisition of Suncoast Ford							X			
	SunTrust Bank, Sarasota, FL (PAID OFF)	Line of Credit - Bowling Green						X				
	Bank of America, Sarasota, FL (PAID OFF)	Line of Credit - Maybach					X					

SCHEDULE VI - GIFTS	Name: Vernon G. Buchanan	Page 1 of 1

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards to $305 disclosure threshold.
Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Examples: Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards	$6,000
NOT APPLICABLE	NEW MEMBER	

Use additional sheets if more space is required

SCHEDULE VII -Travel Payments & Reimbursements

Name: Vernon G. Buchanan **Page** 1 **of** 1

Identify the source and list travel itinerary , dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Deisclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Ace (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure - Destination - City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days NOT at Sponsor's Expense
Example:	Chicago Chamger of Commerce	Mar. 2	DC - Chicago - DC	N	N	N	None
	Roycroft Corporation	Aug 6-11	DC - Los Angeles - Cleveland	Y	Y	Y	2 days
	NOT APPLICABLE		**NEW MEMBER**				

SCHEDULE VIII - POSITIONS

Name: Vernon G. Buchanan

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution [illegible] United States.

Exclude: Positions held in any [illegible]al, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

	Name of Organization
[illegible]	[illegible]mber of Commerce, Tallahassee, FL
[illegible]	Chamber of Commerce, Washington, D.C.
[illegible]	[illegible]ank, Gulf Coast, Sarasota, FL (RESIGNED)
[illegible]	[illegible] Tallahassee, FL (RESIGNED)
[illegible]	[illegible] dba Venice Nissan - Venice Dodge
[illegible]	[illegible] dba Sarasota Ford
[illegible]	[illegible] LLC dba SunCoast Ford
[illegible]	[illegible], LLC dba SunCoast Mitsubishi
[illegible]	[illegible] of Ocala, LLC dba Honda of Ocala (BUSINESS SOLD)
[illegible]rtner	198, Inc. dba Toyota/Lexus of Melbourne (BUSINESS SOLD)
[illegible]rtner	800, LLC dba Space Coast Honda
[illegible]rtner	8-2001, LLC dba Lighthouse Toyota
[illegible]	11-2001, LLC dba Hyundai of Jacksonville (BUSINESS SOLD)
[illegible]	owling Green Dealership, LLC dba Bowling Green BMW - Mercedes Benz
[illegible]	von Park, LLC dba Avon Park Chevrolet (BUSINESS SOLD)
[illegible]	[illegible]rsity Chevrolet, LLC dba University Chevrolet on Florida Avenue (BUSINESS SOLD)
[illegible]	[illegible] Mountain Ford, LLC dba Black Mountain Ford (BUSINESS SOLD)
[illegible]	[illegible] Mountain Chevrolet, LLC dba Black Mountain Chevrolet (BUSINESS SOLD)
[illegible]	[illegible]mell, LLC (BUSINESS SOLD)
President	Auto Central Services, Inc.
President	Auto Liquidators of SW FL., Inc.
President	Beaver Creek, LLC
President	Buchanan Automotive Holdings, Inc.
President	First Capital Corporation, Inc.
Partner	Graham Construction, LLP
President	Jamatt Financial, Inc.
President	Jamatt Realty, Inc.
President	Aircraft Holding and Leasing, LLC
President	Sarasota-Bradenton Aviation, Inc.
President	V.B. Motor Yachts, LLC
President	V.B. Cruise Charters, LLC
President	Buchanan Reinsurance, Inc.
Partner	Speed-Wing Investment Co.
Partner	Buchanan Farms, Inc.
Partner	V. B. Investments, Inc.
Partner	130 North Tamiami Trail, LLC
President	936, Inc.
Partner	Buchanan Investment Co., L.P.

SCHEDULE VIII - POSITIONS	Name: Vernon G. Buchanan	Page 2 of 2

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Georgetowne Properties, LLC
Partner	Palm Walk Group, LLP (BUSINESS SOLD)
Partner	JMB, LLC
President	Unit 1404, LLC (BUSINESS SOLD)
President	6430 Hollywood Blvd., LLC
Partner	Five Points Residential Investments, LLC
President	Jamatt Properties, LLC
President	Buchanan Investment Co., L.P.
Partner	Palma Sola, LC. - Bradenton, FL (BUSINESS SOLD)
Partner	Point West, LLP - Bradenton, FL (BUSINESS SOLD)
Partner	Creekwood Hotel, LLC - Bradenton, FL
Partner	Roger Whitley, Inc. - Tampa, FL (BUSINESS SOLD)
Partner	High Aspen Ranch Holdings, LLC - Colorado
Partner	Orange Park, LLC
Partner	MB Acquisition and Leasing, LLC
Partner	VB Investments of Delaware, LLC

Use additional sheets if more space is required

SCHEDULE IX - AGREEMENTS	Name: Vernon G. Buchanan Page 1 of 1

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

MAY 11 2007
LEGISLATIVE RESOURCE CENTER
2007 MAY 14 PM 4:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

27

Vernon C. Buchanan
(Full Name)

235 N Orange Ave., Ste 201
Sarasota, FL 34236
(Mailing Address)

941-552-4236 Steve Hiteman
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State/District: Florida 13	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** N/A NEW MEMBER
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.** N/A NEW MEMBER
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and	Vernon C. Buchanan	05-09-07

SCHEDULE I - EARNED INCOME

Name: Vernon G. Buchanan

List the source, type, and amount of earned income form any source (other than your current employment by the U.S. Government) totaling $200 or more during preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source (include date of receipt for honoraria)	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
AUTO CENTRAL SERVICES, SARASOTA, FLORIDA		SALARY	$112,295
SUNTRUST BANK, SARASOTA, FLORIDA		DIRECTOR'S FEE	$3,800
U.S. DEPARTMENT OF AGRICULTURE, MURRAY, KENTUCKY		FARMING	$1,670

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA **Name:** Vernon G. Buchanan Page 1 of 1

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be files directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
	Assoc. of American Associations, Washington, DC	Speech	2/2/2006	$2,000
Example:	XYZ Magazine	Article	8/13/2006	$500
	NONE			

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived form U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependant child (DC) or is jointly held (JT), in the optional column on the far left.

Block B — Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received

Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year

	Block A: Asset and/or Income Source	Block B: Valuation of Assets (at close of reporting year)	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction (P, S, E)
SP	Examples — Mega Corp. Stock		NONE: X	I: X	P
DC	Examples — Simon & Schuster		Royalties		
JT	Examples — 1st Bank of Paducah, KY accounts	F: X	Rent: X	VI: X	
	Wachovia Bank - Sarasota, FL	F: X	Rent: X	II: X	
	Wachovia Bank CMA - Sarasota, FL	F: X	Capital Gains: X	V: X	
	Buchanan Farms, Inc. - Melbourne, Florida - Auto Dealer	A: X	Capital Gains: X; Distrib		X: S
	Aircraft Holding & Leasing, LLC - Sarasota, Florida - Aircraft Leasing	J: X	Rent: X	IV: X	
	Graham Construction, LLC - Melbourne, FL - Commercial Construction	G: X	Distrib		IX: X
	VB Motor Yachts - Vessel Mgmnt	J: X	Rent: X	IV: X	
	VB Cruise Charters - Sarasota, Florida - Yacht Charters	E: X	Rent: X	IV: X	
	Country Club Shores, LLC - Longboat Key, FL - Rental Property	I: X	Rent: X	IV: X	
	6430 Hollywood Blvd, LLC - Sarasota, FL - Rental Property	I: X	Rent: X		VI: X
	Jarnatt Financial, Inc. - Tampa, FL	C: X	Distrib		IX: X
	Buchanan Automotive Holdings, Inc. - Sarasota, FL - Auto Dealer	J: X	Distrib		IX: X
	Cattleman Road Property, Sarasota, FL	I: X	Rent: X		VII: X
	Sarasota 500, LLC - Sarasota, FL - Auto Dealer	I: X	Distrib	Included Above	
	996, Inc. - Sarasota, FL - Rental Property	H: X	Rent: X	IV: X	
	1099 Management Co., LLC - Sarasota, FL (see holdings below)				
	10-2002, LLC - Port Richey, FL - Auto Dealer	I: X	Distrib	VI: X	
	10-3003, LLC - Port Richey, FL - Auto Dealer	G: X	Distrib	IV: X	
	8-2001, LLC - St. Augustine, FL - Auto Dealer	J: X	Distrib	VII: X	
	600, LC - Cocoa, FL - Auto Dealer	J: X	Distrib	IX: X	
	The Met, LLC - Sarasota, FL Clothing/Spa	A: X	Capital Gains: X	X: X	S
	The Met Retail Property, Sarasota, FL		Distrib	VI: X	S
	198, Inc. - Melbourne, FL - Auto Dealer		Capital Gains: X; Distrib		X: S
	Elizabeth City, LLC - Elizabeth City, NC - Auto Dealer		Distrib	VI: X	
	VB Investments, Inc.				S,E
	Sanibel Point Condo - Longboat Key, FL	E: X	Rent: X	VI: X	E
	VB Investments of Ocala, LLC - Ocala, FL - Auto Dealer		Capital Gains: X; Distrib		X: S
	VB Investments of Delaware, LLC - Pointe West	J: X	Rent: X		IX: E P
	Oversight Capital Partners, Ltd. - Tampa, FL		Capital Gains: X	V: X	

Columns: A None; B $1 - $1,000; C $1,001-$15,000; D $15,001-$50,000; E $50,001-$100,000; F $100,001-$250,000; G $250,001-$500,000; H $500,001-$1,000,000; I $1,000,001-$5,000,000; J $5,000,001-$25,000,000; K $25,000,001-$50,000,000; L Over $50,000,000

Columns: NONE; Dividends; Rent; Capital Gains; Interest / Bond Trust; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)

Columns: I None; II $1 - $200; III $201-$1,000; IV $1,001-$2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001-$5,000,000; XI Over $5,000,000

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A — Asset and /or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived form U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT) in the optional column on the far left.

Block B — Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

Block A	None	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000
	A	B	C	D	E	F	G	H	I	J	K	L
Five Points Residential Investments LLC - Real Estate Investment - Sarasota, FL									X			
Jamall Properties, LLC - Real Estate Investments - Sarasota, FL										X		
Commerce Bank Stock - Sarasota, FL					X							
Body Blocks - Note - Atlanta, GA					X							
Florida Capital Group - Jacksonville, FL							X					
Smith Barney 150-35923-1169												
Calamos Growth Fund						X						
SunTrust Securities, Sarasota, FL												
Meridian Value Fund						X						
Vanguard Value Index						X						
Vanguard Windsor II						X						
STI Classic MM		X										
Daniel Haskett Note Receivable				X								
Legg Mason IRA 653026076 144												
Legg Mason Value Trust		X										
Morgan Stanley IRA												
Morgan Stanley MM Fund					X							
Ishares MSCI Japan Index Fund					X							
Vanguard Info Tech VIP Index				X								
Vanguard Value Vipers Index						X						
General Motors Acceptance Corp 1-14-09 5.850%				X								
United States Treasury Bill 6/15/06												
United States Treasury Note 1-31-07 3.125%				X								
SunTrust IRA F3R 1279721												
STI Prime Quality MM				X								
Banc Corp												
Vanguard Index S&P 500						X						
Fed Home Loan Bank 2009 4.375%				X								
US Treasury Notes 2010 3.875%					X							
Smith Barney IRA 150-8D055-11169												
Corning			X									
Legg Mason Aggressive Growth Fund				X								

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block A	None	Dividends	Rent	Interest	Capital Gains	Business Entity Type	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)
Five Points Residential Investments LLC - Real Estate Investment - Sarasota, FL			X				Distrib
Jamall Properties, LLC - Real Estate Investments - Sarasota, FL			X				
Commerce Bank Stock - Sarasota, FL		X					
Body Blocks - Note - Atlanta, GA				X			
Florida Capital Group - Jacksonville, FL		X					
Smith Barney 150-35923-1169							
Calamos Growth Fund		X					
SunTrust Securities, Sarasota, FL							
Meridian Value Fund		X					
Vanguard Value Index		X					
Vanguard Windsor II		X					
STI Classic MM				X			
Daniel Haskett Note Receivable				X			
Legg Mason IRA 653026076 144							
Legg Mason Value Trust		X					
Morgan Stanley IRA							
Morgan Stanley MM Fund				X			
Ishares MSCI Japan Index Fund		X					
Vanguard Info Tech VIP Index		X					
Vanguard Value Vipers Index		X					
General Motors Acceptance Corp 1-14-09 5.850%				X			
United States Treasury Bill 6/15/06				X			
United States Treasury Note 1-31-07 3.125%				X			
SunTrust IRA F3R 1279721							
STI Prime Quality MM				X			
Banc Corp		X					
Vanguard Index S&P 500							
Fed Home Loan Bank 2009 4.375%							
US Treasury Notes 2010 3.875%							
Smith Barney IRA 150-8D055-11169							
Corning		X					
Legg Mason Aggressive Growth Fund		X					

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block A	None	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI
Five Points Residential Investments LLC - Real Estate Investment - Sarasota, FL				X							
Jamall Properties, LLC - Real Estate Investments - Sarasota, FL									X		
Commerce Bank Stock - Sarasota, FL				X							
Body Blocks - Note - Atlanta, GA				X							
Florida Capital Group - Jacksonville, FL				X							
Smith Barney 150-35923-1169											
Calamos Growth Fund				X							
SunTrust Securities, Sarasota, FL											
Meridian Value Fund				X							
Vanguard Value Index				X							
Vanguard Windsor II				X							
STI Classic MM				X							
Daniel Haskett Note Receivable				X							
Legg Mason IRA 653026076 144											
Legg Mason Value Trust				X							
Morgan Stanley IRA											
Morgan Stanley MM Fund				X							
Ishares MSCI Japan Index Fund				X							
Vanguard Info Tech VIP Index				X							
Vanguard Value Vipers Index					X						
General Motors Acceptance Corp 1-14-09 5.850%					X						
United States Treasury Bill 6/15/06				X							
United States Treasury Note 1-31-07 3.125%					X						
SunTrust IRA F3R 1279721											
STI Prime Quality MM		X									
Banc Corp			X								
Vanguard Index S&P 500					X						
Fed Home Loan Bank 2009 4.375%			X								
US Treasury Notes 2010 3.875%					X						
Smith Barney IRA 150-8D055-11169											
Corning		X									
Legg Mason Aggressive Growth Fund					X						

Block E — Transaction

Indicate if the asset had purchases (P) sales (S), or exchanges (E) exceeding $1,000 in reporting year

Block A	Block E
Five Points Residential Investments LLC - Real Estate Investment - Sarasota, FL	P, S, E
Jamall Properties, LLC - Real Estate Investments - Sarasota, FL	
Commerce Bank Stock - Sarasota, FL	
Body Blocks - Note - Atlanta, GA	
Florida Capital Group - Jacksonville, FL	
Smith Barney 150-35923-1169	
Calamos Growth Fund	
SunTrust Securities, Sarasota, FL	
Meridian Value Fund	
Vanguard Value Index	
Vanguard Windsor II	
STI Classic MM	
Daniel Haskett Note Receivable	
Legg Mason IRA 653026076 144	
Legg Mason Value Trust	
Morgan Stanley IRA	
Morgan Stanley MM Fund	
Ishares MSCI Japan Index Fund	
Vanguard Info Tech VIP Index	
Vanguard Value Vipers Index	
General Motors Acceptance Corp 1-14-09 5.850%	
United States Treasury Bill 6/15/06	S
United States Treasury Note 1-31-07 3.125%	
SunTrust IRA F3R 1279721	
STI Prime Quality MM	
Banc Corp	
Vanguard Index S&P 500	
Fed Home Loan Bank 2009 4.375%	
US Treasury Notes 2010 3.875%	
Smith Barney IRA 150-8D055-11169	
Corning	P,S
Legg Mason Aggressive Growth Fund	

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived form U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

Block B

Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".

Block C

Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D

Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E

Transaction

Indicate if the asset had purchases (P) sales (S), or exchanges (E) exceeding $1,000 in reporting year.

Asset	Block B: None	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000	Block C: NONE	Dividends	Rent	Interest	Capital Gains	Excepted / Blind Trust	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	Block E: P, S, E
Smith Barney 150-5D987-141989																															
Apache Corp			X											X							X										P, S
Select Sector SPDR Energy			X											X							X										P, S
United Parcel Service CL B			X											X							X										P, S
Oppenheimer Devoge Market Fund				X									X											X							
Marathon Oil			X											X							X										P
Omnicom Group			X											X							X										P
Oracle			X											X							X										P
Polycom Inc			X											X							X										P, S
Schwab Charles			X											X							X										P
UTX SPDR Trust			X											X									X								P
US Treasury Notes, 2014		X														X					X										S
Dreyfus Liquid Assets Inc				X										X										X							
Marvel Technology Group LTD-USD			X											X								X									S
Activision Inc New		X												X																	S
Adobe Systems Inc. (DE)			X											X								X									P
Affymetrix Inc		X												X							X										
C R Bard Inc. New Jersey		X												X							X										
Capital One Financial Corp			X											X							X										S
Caremark RX Inc			X											X							X										S
Cerner Corp			X											X							X										
Cheesecake Factory		X												X							X										
Costco Wholesale Corp New			X											X							X										S
Danaher Corp DE			X											X							X										
Fortune Brands Inc		X												X							X										
Golden West Financial Corp - DE		X												X							X										
Goldman Sachs Group, Inc			X											X							X										P, S
Harris Corp. - Delaware			X											X							X										
ITT Industries Inc			X											X							X										
Johnson & Johnson		X												X							X										
Juniper Networks, Inc		X												X							X										
Legg Mason Inc			X											X							X										S

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Page 4 of 13

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

Block B — Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

Block A	A	B	C	D	E	F	G	H	I	J	K	L	NONE	Dividends	Rent	Interest	Capital Gains	Business Income	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	Block E
	None	$1 - $1,000	$1,001 - $2,500	$2,501 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000							None	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P, S, E
M & T Bank Corp			X											X							X										
McGraw Hill Cos. Inc			X											X							X										S
Monsanto Co New			X											X							X										
Am Docs Ltd			X											X							X										P
Citrix Systems Inc			X											X							X										P
Corticope			X											X							X										P
Lam Research			X											X							X										P
Mem Power Inc. Wis			X											X							X										P
Network Appliance, Inc.			X											X							X										S
Principal Financial Group. Inc			X											X							X										P
Sonic Corp														X							X										
Southern Co		X												X							X										S
United Health Group Inc.			X											X							X										S
Yahoo, Inc			X											X							X										S
Acco Brands		X												X							X										
Sprint Nextel			X											X							X										S
Garmin LTD			X											X							X										P,S
Apache Corp			X											X							X										P,S
Appiera Corp Com Applied Biosystems Grp			X											X							X										
Electronic Data Sys. Corp			X											X							X										S
General Dynamics Corp			X											X							X										
Informatica Corp			X											X							X										
Powerwave Tech Inc.			X											X							X										S
Jabil Circuit Inc.			X											X							X										P
Sarasota Ford IRA																															
Gartmore Moderate Fund					X									X							X										
Gartmore Moderate Aggressive Fund				X										X							X										
Gartmore Aggressive			X											X							X										
Gartmore MM Fund			X											X							X										
Land - Columbia, TN (First Capital)				X													X									X					
Land - Murray KY							X								X								X								
Dry Dock - Boat Condo - Longboat Key, FL				X											X						X										

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vemon G. Buchanan

Block A — Asset and /or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. FOr a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. FOr an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (J/T), in the opposite column on the far left.

Block B — Valuation of Assets at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".

Block C — Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "HA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction Indicate if the asset had purchases (P) sales (S), or exchanges (E) exceeding $1,000 in reporting year

Asset and /or Income Source	A None	B $1 - $1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	NONE	Dividends	Rent	Interest	Capital Gains	Business Income	Other Type of Income (Specify: Fair Exemption, Partnership Income or Farm Income)	I None	II $1 - $200	III $201-$1,000	IV $1,001-$2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	Transaction (P, S, E)
Sarasota Bradenton Aviation, Inc. - Bradenton, FL - Hangar Rental									X								X								X							
130 N. Tamiami Trail, LLC - Sarasota, FL - Rental Property								X							X						X											
First Capital Corp. - Tampa, FL		X															X				X											
Legg Mason - Sarasota, FL																																
J.P. Morgan Mid Cap Value Fund		X												X							X											
Morgan Stanley 026977-144																																
Morgan Stanley Bank MM			X													X					X											
Vanguard Growth Vipers Index						X								X									X									
Neuberger Berman - Tampa, FL 08638-233																																
Florida Daily Muni Inc. Fund						X										X								X								
Peabody Energy Corp				X										X							X											P
Barrick Gold Corp				X										X								X										S
Mosaic Co				X										X							X											S
Novagold Resources														X							X											S
FTI Consulting, Inc.				X										X							X											S
Eastman Kodak				X										X								X										S
Regal Entmt Grp				X										X									X									
Chevron Corp				X										X									X									S
Conocophillips				X										X								X										
Deere Company				X										X								X										S
RR Donnelly & Sons				X										X									X									S
General Electric Co				X										X									X									
Waste Management, Inc				X										X									X									
WCA Waste Corp				X										X							X											
Novartis				X										X								X										
Northrop Grumman				X										X								X										
Ameren Corp				X										X									X									S
Duke Energy Corp				X										X									X									
Exelon Corp				X										X								X										
American Intermtl Grp				X										X								X										
Exxon Mobil														X								X										
Peabody Energy Corp				X										X								X										P

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Page 6 of 13

Block A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

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Block B — Valuation of Assets

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

Block C — Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

Block D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

Block E — Transaction

Indicate if the asset had purchases (P) sales (S), or exchanges (E) exceeding $1,000 in reporting year

Block A	B: None	A: $1 - $1,000	C: $1,001 - $15,000	D: $15,001 - $50,000	E: $50,001 - $100,000	F: $100,001 - $250,000	G: $250,001 - $500,000	H: $500,001 - $1,000,000	I: $1,000,001 - $5,000,000	J: $5,000,001 - $25,000,000	K: $25,000,001 - $50,000,000	L: Over $50,000,000	C: None	D: Dividends	E: Rent	F: Interest	G: Capital Gains	H: Excepted / Blind Trust	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I: None	II: $1 - $200	III: $201 - $1,000	IV: $1,001 - $2,500	V: $2,501 - $5,000	VI: $5,001 - $15,000	VII: $15,001 - $50,000	VIII: $50,001 - $100,000	IX: $100,001 - $1,000,000	X: $1,000,001 - $5,000,000	XI: Over $5,000,000	P, S, E
Gold Corp Inc				X										X							X										P
AT&T, Inc.				X										X									X								P
AGGO Corp														X							X										P
Canadian National Resources														X								X									P
NSTAR				X										X										X							P
FPL Grp Inc.				X										X									X								
Northern Trust Bank - Chicago, IL - IN 305197																															
Nuveen Inv. Quality Muni Fund								X								X							X								S
Northern Trust Money Market Fund								X								X							X								P
Wellpoint Inc NT 12-15-09 4.250%						X										X							X								P
Weyerhaeuser Co NT 12-15-09 5.250%						X										X							X								P
General Mtrs Accep Corp 1-19-10 7.750%						X										X							X								P
Harris Cnty Tex Healthy FACX Dev 12-1-35								X								X									X						P
Merrill Lynch - Sarasota, FL 23V-10042																															
Merrill Lynch Tax Exempt Fund						X										X							X								
US Treasury Note 30-00 12-31-08																								X							P S
NUV Premier Income Amp T								X																X							P S
iShares MSCI Japan Index				X													X							X							S
Merrill Lynch Institutional MM Fund				X												X					X										
Merrill Lynch Bank Deposit		X																				X									
Tampa Elec Co 12-01-34		X														X					X										S
MLACO ARN NIKKE		X												X							X										S
Eaton Vance Tax Adv Fund						X								X							X										
Eaton Vance Div Inc. TA GL O-T-28 Fund						X								X							X										
Eaton Vance TA GL-G-M Fund						X								X							X										
Western Asset Tips II W7 Fund						X								X							X										S
Goldman Sachs Muni CL A				X												X					X										
US Treasury Note																					X										S
Florida Mun Power Agy 6 03								X																							P
Rogers Intl Commodity Fund						X								X							X										S
11-2001, LC - Jacksonville, FL - Auto Dealer	X																X		Distrib										X		S
1299, LC - Venice, FL - Auto Dealer (combined w/ 1099, LC)										X									Distrib							X					

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A — Asset and Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

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Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

Asset	Owner	Block B: None (A)	$1 - $1,000 (B)	$1,001 - $15,000 (C)	$15,001 - $50,000 (D)	$50,001 - $100,000 (E)	$100,001 - $250,000 (F)	$250,001 - $500,000 (G)	$500,001 - $1,000,000 (H)	$1,000,001 - $5,000,000 (I)	$5,000,001 - $25,000,000 (J)	$25,000,001 - $50,000,000 (K)	Over $50,000,000 (L)	Block C: NONE	Dividends	Rent	Interest	Capital Gains	Capital Gains (Blind Trust)	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None (I)	$1 - $200 (II)	$201 - $1,000 (III)	$1,001 - $2,500 (IV)	$2,501 - $5,000 (V)	$5,001 - $15,000 (VI)	$15,001 - $50,000 (VII)	$50,001 - $100,000 (VIII)	$100,001 - $1,000,000 (IX)	$1,000,001 - $5,000,000 (X)	Over $5,000,000 (XI)	Block E: P, S, E
Bowling Green Dealership, LC - Bowling Green, KY - Auto Dealer										X										Distrib	X											
MB Acquisition & Leasing LLC (anytime)																				None	X											P
Avon Park, LC - Avon Park, FL - Auto Dealer		X															X			Distrib									X			S
Gwinnett, LLC - Duluth, GA - Auto Dealer	X																X			Distrib									X			P,S
Roger Whitley, Inc. - Tampa, FL - Auto Dealer	X																			Distrib	X											S
Black Mountain Ford, LLC - Black Mountain, NC - Auto Dealer	X															X		X		Distrib									X			S
Black Mountain Chevrolet, LLC - Black Mountain, NC - Auto Dealer	X																			Distrib									X			S
Unit 1404, LLC - Sarasota, FL - Invest Property	X																X				X											S
Jamat Realty, Inc. - Sarasota, FL - Real Estate Sales				X																Commissions		X										
Menlo Park Condo - Menlo Park, CA - Investment									X							X						X										
Speedwing Investments Co. -Apartment Building - W. Bloomfield, MI									X											Distrib		X										
Georgetowne Properties, LLC - Office Building - Bingham Farms, MI									X							X				Distrib					X							
Palma Sola, LC - Bradenton, FL		X															X			Distrib				X								S
Pointe West, LLP - Bradenton, FL																X	X			Distrib									X			S
Creekwood Hotel, LLC - Bradenton, FL														X							X											
Beaver Creek, LLC - Avon, CO											X					X						X										
Club Ltd. - Club Cay, Bahamas								X						X							X											
MJB, Tampa, FL							X							X						Distrib	X											
Gamble Oaks, LLC - Ellenton, FL									X					X						Distrib	X											
Ellenton Edge, LLC - Ellenton, FL									X					X						Distrib	X											
Cortez Landings, LLC - Bradenton, FL									X					X						Distrib	X											
Loan to Sarasota 500, LLC - Sarasota, FL									X																		X					
RBC Centura -Money Market 3.59% 5-4-06	X																X							X								S
SunTrust Bank - Sarasota, FL																																
Lighthouse Global Hedge Fund (Transferred to Asset Mgmnt Advisors)	X													X							X											
Lighthouse Low Volatility Hedge Fund (Transferred to Asset Mgmnt Advisors)	X													X							X											
Buchanan Investment Co., LLC - Real Estate & Stocks																																
UBS Financial Services				X																Distrib				X								
Auto Central Services, Inc. - Sarasota, FL - Management Co.																						X										
Auto Liquidators of SW Florida, Inc. - Remote Auto Sales		X												X							X											
University Chevrolet, LLC	X																			Distrib						X						S
Wachovia (was South Trust Bank), Sarasota, FL			X													X						X										

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Page 8 of 13

Block A — Asset and /or Income Source

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	SunTrust Bank Orlando FL			X													X					X										
	QXA Dividend Plan, Providence, RI															X						X										
	301 Oxford, LLP							X										X			None	X										P
	Orange Park, LLC																															
	Gocio Grande Real Estate Interest									X								X											X			P, S
	Marshall & Ilsley Bank (Formerly Gold Bank) 7-19-07 4.25%								X								X								X							
	AmSouth CD 7-8-08 4.00%		X														X								X							S
	Ed Buchanan Note - Sarasota, Florida				X												X					X										
	AmSouth Brokerage Acct 4W0-818928																															
	Pioneer Tax Free Money Mkt Fund				X												X								X							P
	Montgomery Cnty AL W7S																X								X							P
	Chicago, ILL Pk Dist RFOG - Alt Rev								X								X										X					P
	Clackamas, Washington Cnty Ore Sch Dist																X							X								P
	Hammon, Ind multz Sch Bldg Corp First																X							X								P
	Nassau County, NY Interim Fin Auth				X												X					X										P
	High Aspen Ranch Property Holdings, LLC - Land in Colorado								X											Distrib	X											
DC	SunTrust IRA - Matt Buchanan, DC FSR-114490																															
DC	STI Classic Prime Quality MMKT		X																			X										
DC	Vanguard Index Trust S&P 500			X																		X										
DC	SunTrust Roth IRA - Matt Buchanan, DC																															
DC	STI Classic Prime Quality MMKT		X																			X										
DC	Mynder Trust Index 500 Class B			X																		X										
DC	Raymond James, Matt Buchanan 32119185																															
DC	California Pizza Kitchen			X																		X										
DC	Spectra Link			X																		X										P
DC	Cash		X																			X										P
DC	Biomed Realty Trust			X												X						X										
DC	SunTrust, Matt Buchanan F3F 000787																															
DC	STI Classic Prime Quality Money Mkt		X													X						X										
DC	Vanguard Index Trust 500 Class B			X												X						X										
	SunTrust Bank - Sarasota, FL																															
	AA Rickdakem Gengua 36-day Tax Exempt Bond 3.85%									X							X									X						

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Block A — Asset and/or Income Source

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Asset	B: None	A: $1 - $1,000	C: $1,001 - $15,000	D: $15,001 - $50,000	E: $50,001 - $100,000	F: $100,001 - $250,000	G: $250,001 - $500,000	H: $500,001 - $1,000,000	I: $1,000,001 - $5,000,000	J: $5,000,001 - $25,000,000	K: $25,000,001 - $50,000,000	L: Over $50,000,000	C: NONE	D: Rent	E: Interest	F: Capital Gains	G: Dividends	H: Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I: None	II: $1 - $200	III: $201 - $1,000	IV: $1,001 - $2,500	V: $2,501 - $5,000	VI: $5,001 - $15,000	VII: $15,001 - $50,000	VIII: $50,001 - $100,000	IX: $100,001 - $1,000,000	X: $1,000,001 - $5,000,000	XI: Over $5,000,000	Transaction
Loan to Bill McKissick															X					X										P
Loan to Mark Brivik								X							X					X										P
Loan to Brandis Hayes			X												X					X										P
Loan to Leonard Johnson						X									X					X										P
Loan to Black Mountain Ford, LLC & Black Mountain Chevrolet, LLC							X								X								X							P
Loan to Sam Kazran, Premier Dodge								X								X		Distr							X					P
AmSouth 4W0-011210																														
Pioneer Tax Free Money Mkt Fund				X											X								X							P
Tewksbury, Mass 3.0%						X									X								X							P
Massachusettes St Wtr Pollution Abate						X									X								X							P
Upper Trinity Regl Wtr Dist Tex Wtr Rev						X									X								X							P
Arizona Wtr Infrastructure Fin						X									X								X							P
Fond Du Lac, Wis Sch Dist RFDG						X									X								X							P
AmSouth 4W0 -818928																														
Blackrock Muni Income TR Auction			X												X					X										P S
Blackrock Muni Income TR II Auction							X								X															P S
Arizona Health Facs Auth Hosp Sys Rev								X							X								X							P S
AMA (Asset Management Advisors, A SunTrust Affiliate)																														
Illinois Fin Auth Rev							X								X				X											P
Jefferson PAR LA HSP SVC DST I HSP Rev															X				X											P
Washington ST CTFS DARTW						X									X						X									P
Elkhart, Ind Pk Dist						X									X						X									P
Burlington, Iowa						X									X				X											P
Salt Rvr Proj Arz Agn Imp						X									X							X								P
Will Cnty, ILL Sch Dist. No 122						X									X					X										P
Kittitas Cnty Wash Pub															X							X								P
Illinois Hsg Dev Auth						X									X							X								P
North Charleston, SC CTFS Partn						X									X				X											P
Orlando & Orange Cunty Expwy Rv							X								X								X							P
Kent Wash						X									X									X						P

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

Page 10 of 13

Block A — Asset and/or Income Source

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Block C — Type of Income

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Block E — Transaction

Indicate if the asset had purchases (P) sales (S), or exchanges (E) exceeding $1,000 in reporting year

Asset	A None	B $1 - $1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	NONE	Dividends	Rent	Interest	Capital Gains	Royalties / Mineral Rights	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001-$2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	P, S, E
Mid Cities Met Dist No Colo						X										X									X						P
Rowlett, Tex						X										X									X						P
Energy Northwest Wash Elect Rev							X									X								X							P
Pittsburgh, PA						X										X									X						P
Iowa Fin Auth Health Care						X										X				X											P
Veritex Indpt Sch Dist						X										X									X						P
North Carolina MMM Pwer No. 1						X										X								X							P
Michigan St. Strategic FD Ltd						X										X								X							P
Collier Cnty FL Indl DV Health							X									X									X						P
North Carolina Cap Face Fin Agency						X										X				X											P
AMA US Equity Op Fund QP LP									X					X														X			P
AMA International Equity Fund									X					X														X			P
Abbey Capital ACL ALT Fund Ltd									X					X												X					P
AMA Hedged Equity Fund QPLP									X					X														X			P
Greenlight Masters LP									X					X														X			P
LH Global Long/Short Fund LP									X																			X			Transferred from SunTrust
Lighthouse Low Volatility FD QP									X																	X					Transferred from SunTrust
Lyncal Multi Mgr Fund Qp LP									X																		X				P
Rotella Polaris Fund, LLC									X																	X					P
Silver Creek Calty Adv Fund LP									X																			X			P
Silver Creek Low Vol Strat										X																		X			P
Herons Glen Rec Dist Fla SPL						X																		X							P,S
Whitewater Wls Wtr Wks Sys Rev						X																	X								P,S
Peabody Mass						X																		X							P,S
Buchanan Reinsurance, Ltd - Sarasota, FL																															
SunTrust 5820574																															
STI Classic FDS Prime Quality Money Mkt FD			X													X				X											

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

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	STI Classic FDS - US Govmnt Secs Money Mkt						X																X									
	SunTrust 5620671																															
	STI Classic FDS Prime Quality Money Mkt FD				X												X				X											
	STI Classic FDS Prime Quality Money Mkt F2							X																X								
	Proctor & Gamble				X																			X								
	Bank of America				X																			X								
	Citigroup				X																			X								
	Chase																							X								
	SPDR TR Unit Ser 1 Std & Poors						X																	X								
	SunTrust F3F-000633																															
	STI Classic Prime Quality Money Mkt																						X									
	Vanguard Total Stock Market						X																	X								
DC SP																																
DC SP	Greater Atlantic Holding Ltd, Bermuda									X							X					X										
DC SP	Jamalt Reinsurance Co., Ltd. - Sarasota, FL									X				X											X							
DC SP	SunTrust 5610860																															
DC SP	STI Classic FDS US Govmnt Secs Money Mkt		X														X						X									
DC SP	STI Classic FDS US Govmnt Secs Money Mkt				X												X										X					
DC SP	Lighthouse Diversified QPII LP																						X									
DC SP	SunTrust 5610404																															
DC	STI Classic FDS US Govmnt Secs Money Mkt					X											X										X					

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

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DC SP	STI Classic FDS US Govtrnt Secs Money Mkt						X										X									X						
DC SP	Federal Home Loan Mtg Corp Med Term				X												X									X						
DC SP	US Treasury Note 8-15-07 3.25				X												X									X						
DC SP	US Treasury Note 8-15-08 3.25				X												X									X						
DC SP	US Treasury Note 11-15-08 3.35				X												X									X						
DC SP	US Treasury Note 5-15-07 3.125				X												X									X						
DC SP	US Treasury Note 1-31-07 3.125				X												X									X						
DC SP	US Treasury Note 4-15-10 4.0																X									X						
DC SP	US Treasury Note 7-31-07 3.875																X									X						
DC SP	International Marinas, Chub Ltd - Chub Cay, Bahamas							X										X				X										
DC SP	Oxford, MI Property							X										X				X										
DC SP	Chub Cay Associates - Dock Lease															X						X										
DC SP	Jamet Moorings, LLC - Dock Rental								X							X							X									
SP	Northern Trust Securities NTI-305294																															
SP	Money Market				X												X						X									P
SP	Harris Cnty Tax Health Facs 12-1-35								X						X									X								P

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

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Block E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

	Block A	A	B	C	D	E	F	G	H	I	J	K	L	NONE	Dividends	Rent	Interest	Capital Gains	Business	Trust	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	Block E
		None	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000									None	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P, S, E
SP	Nuveen Muni FD	X													X											X								S
SP	SunTrust 5800871																																	
SP	Money Market		X														X						X											
SP	Lighthouse Global Long/Short Fund									X					X			X										X						

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brieft description of any exchange transaction. Do no report a transaction between you, your spouse, or your dependent child, or the purchase or sale of yoru personal residence, unless it is rented out.

SP, DC, JT		Type of: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001-250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10/12/2006		X								
	Neuberger Berman, Tampa, FL														
	Peabody Energy Corp	X			Various Purch Dates		X								
	Gold Corp Inc.	X			11/7/2006		X								
	Novagold Resources, Inc		X		11/28/2006	X									
	Deere & Co		X		11/28/2006	X									
	AT&T, Inc.	X			Various Purch Dates		X								
	Barrick Gold Corp		X		Various Sale Dates		X								
	AGCO Corp	X			10/16/2006		X								
	Canadian Natural Resources	X			Various Purch Dates			X							
	FTI Consulting, Inc.		X		8/9/2006		X								
	Ameren Corp		X		8/10/2006		X								
	NSTAR	X			8/15/2006		X								
	Nova Gold		X		8/21/2006	X									
	Chevron Corp		X		6/2/2006		X								
	RR Donnelly		X		4/27/2006	X									
	Eastman Kodak		X		4/27/2006		X								
	Mosaic		X		4/27/2006		X								
	Buchanan Farms Inc. - Real Property		X		5/8/2006								X		
	198, Inc. - Auto Dealership, Melbourne, FL		X		5/8/2006									X	
	1099 Management Co., LLC														
	The Met, LLC, Sarsota, FL		X		4/26/2006							X			
	VB Investments of Ocala, LLC - Auto Dealership		X		6/30/2006								X		
	VB Investments, Inc - 1031 sale transaction		X	X	6/30/2006								X		
	Sands Point Condo - 1031 Purchase Transaction			X	7/31/2006					X					
	VB Investments of Delaware, LLC														
	Pointe West - Office Bldg - 1031 purchase transaction	X		X	12/18/2006								X		
	Buchanan Automotive Holdings, Inc.														
	Cattlemen Road - Sarasota Property	X			1/30/2006							X			
	MB Acquisition & Leasing, LLC - Airplane			X	8/1/2006						X				
	11-2001 Jacksonville, FL - Auto Dealership		X		3/21/2006							X			
	Avon Park, LLC, Avon Park, FL - Auto Dealership		X		9/14/2006							X			
	Gwinnett, LLC, Duluth, GA - Auto Dealership	X			1/12/2006						X				
	Gwinnett, LLC, Duluth, GA - Auto Dealership		X		6/26/2006							X			
	Roger, Whitely Inc. Tampa, FL		X		04/01/06					X					
	University Chevrolet, LLC		X		04/01/06	Included in line item just above									
	Black Mountain, Ford, LLC - Black Mountain, NC - Auto Dealership		X		11/01/06							X			
	Black Mountain, Chevrolet, LLC - Black Mountain, NC - Auto Dealership		X		11/01/06							X			
	Unit 1404, LLC, Sarasota, FL - Investment Property		X		11/10/06							X			
	Palma Sola, LC, Bradenton, FL - Final Distribution		X		10/07/05	X									
	Pointe West, LLP, Bradenton, FL	X			12/18/06								X		
	301 Oxford, LLC, Parrish, FL	X			06/01/06					X					
	Orange Park, LLC,														

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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		Type of			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001-250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Boca Grande Real Estate. Boca Grande, FL	X	X		06/20/06								X		
	Merrill Lynch 23V-10042														
	US Treasury Note 3000 12-31-06	X			10/20/06					X					
	Tampa Electric		X		06/27/06						X				
	NVV Premier Income AmpT		X		06/27/06				X						
	Ishares MSCI Japan Index		X		04/12/06		X								
	Rogers Int'l Commodity		X		04/13/06				X						
	Rogers Int'l Commodity		X		05/15/06			X							
	Rogers Int'l Commodity		X		05/15/06	X									
	Rogers Int'l Commodity		X		06/19/06	X									
	Rogers Int'l Commodity		X		06/19/06		X								
	Rogers Int'l Commodity		X		06/21/06	X									
	Rogers Int'l Commodity		X		06/21/06	X									
	Rogers Int'l Commodity		X		06/21/06		X								
	ML & Co. Am Nikkei 225		X		11/21/06		X								
	US Treasury Bill		X		12/07/06		X								
	Florida Mun. Power Agy 6-B3	X			08/30/06						X				
	Wesern Asset Tips 11 W7 Fund				11/09/06				X						
DC	Matt Buchanan Raymond James 32119185														
DC	California Pizza Kitchen	X			10/26/06	X									
DC	Spectra Link Corp	X			10/26/06	X									
	AmSouth CD 7-8-06 4.00%		X		04/08/06						X				
	RBC Centura - Money Market 3.59% 5-4-06		X		08/15/06					X					
	Loan to Bill Mckissick	X			09/15/06					X					
	Loan to Mark Brivik	X			06/20/06						X				
	Loan to Brenda Hayes	X			09/15/06	X									
	Loan to Leonard Johnson	X			10/21/06				X						
	Loan to Black Mountain Ford, LLC & Black Mountain Chevrolet, LLC	X			11/01/06						X				
	Loan to Sam Kazran, Premier Dodge	X			06/26/06						X				
	Asset Management Advisors, a SunTrust Affiliate														
	Illinois Fin. Auth. Rev	X			06/26/06					X					
	Jefferson Par La Hsp Svc DST 1 HSP	X			07/06/06					X					
	Washington ST CTFS Partn	X			06/28/06				X						
	Elkhart Ind. Pk Dist	X			07/05/06				X						
	Burlington Iowa	X			08/22/06				X						
	Salt Rvr Proj. Ariz Agri Imp & Pwer Dist Elec	X			06/26/06				X						
	Illinois Hsg Dev Auth	X													
	Will Cunty Ill Sch Dist No 122	X			06/26/06				X						
	Kittitas Cnty Wash Pub Hsp	X			11/17/06				X						
	North Charleston Sc Ctes Partn	X			06/28/06				X						
	Orlando & Orange Cnty Expwy	X			06/26/06					X					
	Kent Wash	X			06/26/06				X						
	Midcities Mct Dist No. 2 Colo.	X			07/01/06				X						
	Rowlett, Tex	X			06/28/06				X						

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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	Type of			Date	Amount of Transaction									
	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001-250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
Energy N.W. Wash Elect Rev	X			06/22/06					X					
Pittsburgh, PA	X			06/23/06				X						
Iowa Fin Auth Helth Care Facs	X			06/27/06				X						
Van Tex Indpt Sch Dist	X			06/28/06				X						
N.C. Num Pwr No 1 Catawba Elec	X			06/23/06				X						
Mich. St. Strat FD Ltd Oblig Rev	X			06/27/06				X						
Collier Cnty Fla Indldv Hlth	X			07/03/06				X						
N.C. Cap Facs Fin Agy Rev	X			12/07/06				X						
AMA Intern. Equity Fund Qp Lp	X			07/01/06							X			
AMA US Equity Opp Fund Qp Lp	X			07/01/06							X			
Abbey Cap Acl Alt. Fund Ltd	X			06/23/06							X			
AMA Hedged Equity Fund QP LP	X			07/01/06							X			
Greenligh Masters LP	X			07/01/06							X			
Lyscal Multi Mgr Fund QP LP	X			07/01/06							X			
Rotella Polans Fund LLC	X			07/01/06							X			
Silver Creek Eatry Adv. Fun LP	X			07/01/06							X			
Silver Creek Low Vol Strat	X			07/01/06								X		
Herons Glen Rec Dist Fla Spl Assmt		X		12/12/06				X						
White Water Wis Wtr Wks Sys Rev		X		11/21/06				X						
Peabody Mass		X		08/01/06				X						
Herons Glen Rec Dist Fla Spl Assmt	X			08/14/06				X						
Smith Barney IRA														
Southern Co		X		03/01/06	X									
US Treasury Notes, 2014		X		07/03/06		X								
Activision		X		03/10/06	X									
Select Sector SPDR Energy	X			04/07/06	X									
Network Appliance		X		04/24/06	X									
Power Wave Technology		X		05/03/06	X									
United Helath Group		X		05/10/06	X									
Corning	X			06/02/06	X									
Jabil		X		06/28/06	X									
Sprint/Nextel		X		06/28/06	X									
Garmin	X			06/30/06	X									
Adobe	X			06/30/06	X									
Goldman Sachs	X			06/30/06	X									
Marathon Oil	X			06/30/06	X									
Principal Financial Gorup	X			06/30/06	X									
Select Sector SPDR Energy	X			06/30/06	X									
United Parcel Service CL B	X			06/30/06	X									
AM Docs Ltd	X			05/25/06	X									
AM Docs Ltd	X			05/26/06	X									
AM Docs Ltd	X			06/30/06	X									
Citrix Systems	X			06/30/06	X									
Comm Scope inc	X			06/06/06	X									

SCHEDULE IV - TRANSACTIONS

Name: Vemon G. Buchanan

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. *Provide a brieft description of any exchange transaction.* Do no report a transaction between you, your spouse, or your dependent child, or the purchase or sale of yoru personal residence, unless it is rented out.

		Type of			Date	Amount of Transaction										
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001-250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Lam Research Corp	X			12/28/06	X									
	Man Power Inc. Wis	X			05/24/06	X									
	Marathon Oil Corp	X			06/05/06	X									
	Omnicom Group Inc.	X			12/28/06	X									
	Oracle Corp	X			11/09/06	X									
	Polycom Inc	X			10/30/06	X									
	Schwab Charles Corp	X			10/30/06	X									
	VTS SPDR Trust	X			09/27/06	X									
	Apache Corp		X		12/27/06	X									
	Apache Corp	X			02/17/06	X									
	McGraw Hill Co. Inc		X		12/14/06	X									
	Marvel Technology		X		07/19/06	X									
	Garmin Inc.		X		07/28/06	X									
	Corning		X		08/23/06	X									
	Electronic Data Systems		X		08/28/06	X									
	Electronic Data Systems		X		08/29/06	X									
	CareMark RX		X		09/08/06	X									
	Capital One		X		09/15/06	X									
	Cost Co		X		09/27/06	X									
	United Parcel Svc Class B		X		09/27/06	X									
	Costco		X		09/28/06	X									
	Godman Sachs		X		10/11/06	X									
	Select Sector SPDR Energy		X		10/24/06	X									
	Poly Com		X		10/31/06	X									
	Yahoo		X		11/06/06	X									
	Legg Mason		X		11/14/06	X									
	Morgan Stanley IRA 683026978144														
	US Treasury Bill		X				X								
	Northern Trust Bank (NTI-305197)														
	Nuveen inv Guaranty Muni Fund		X		03/10/06							X			
	Northern Trust Money Mkt Fund	X			01/01/06						X				
	Welpoint Inc. NT 12-15-09 4.250%	X			03/21/06				X						
	Weyerhouser Co NT 12-15-09 5.250%	X			03/21/06				X						
	GMAC 1-19-10 7.750%	X			03/13/06				X						
	Harris Cnty Tax Health Facs Dev 12-1-35	X			03/24/06						X				
SP	Northern Trust Securities (NT-305294)														
SP	Harris Cnty Tax Health Facs Dev 12-1-35	X			04/21/06					X					
SP	*Nuveen Numi FD*		X		04/09/06					X					
SP	Money Market	X			04/01/06					X					
	AmSouth Loan Collateral 4W0-911210														
	Pioneer Tax Free Money Mkt Fund	X			11/01/06		X								
	Tewksberry, MA 3.0% 2/15/10 BE	X			09/22/06				X						
	Massachusettes St Watr Pollution Abatment	X			09/22/06				X						
	Upper Trinity Regl Wtr Dist Tex Wtr Rev	X			09/22/06				X						

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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	Type of			Date	Amount of Transaction									
	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001-250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
Anzona Wtr Infrestructure Fin	X			09/22/06				X						
Fond Du Lac, Wis. Sch Distr RFDG	X			08/22/06				X						
AmSouth 4W0 818928														
Pioneer Tax Free Money Mkt Fund	X			12/01/06		X								
Montgomery Cnty AL W7S	X			09/25/06			X							
Chicago, ILL Pk Dist RFDG - Alt Rev	X			09/25/06						X				
Clackamas, Washington Bnty Ore Sch Dist	X			09/25/06			X							
Hammon, Ind multz Sch Bldg Corp First	X			09/25/06			X							
Nassau County, NY Interim Fin Auth	X			08/25/06		X								
Blackrock Mun Income TR Auction	X			07/26/06					X					
Blackrock Mun Income TR Auction		X		08/09/06					X					
Blackrock Mun Income TR II Auction	X			07/26/06					X					
Blackrock Mun Income TR II Auction		X		08/09/06					X					
Anzona Health Facx Auth Hosp Sys Rev	X			08/24/06						X				
Anzona Health Facx Auth Hosp Sys Rev		X		09/21/06						X				

SCHEDULE V - LIABILITIES

Name: Vernon G. Buchanan

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B	C	D	E	F	G	H	I	J	K
			$10,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Roger Whitley, Agent Michael Whitley- Tampa, Fl (PAID OFF)	2nd Mortgage on University Chevrolet							X			
	World Omni Financial, Deerfield Beach, FL (2)	Acquisition of Elizabeth City, LLC					X					
	Chase Bank - Tampa, FL (PAID OFF)	Acquisition of Bowling Green Dealership							X			
	Colonial Bank - Sarasota, FL	Mortgage on 130 N. Tamiami Trail							X			
	Bank of Commerce - Sarasota, FL	Acquisition of Elizabeth City Toyota					X					
	First Nat'l Bank of Bradenton (was Landmark Bank) Sarasota, FL	Mortgage on 6430 Hollywood Blvd. Property							X			
	Wachovia - Sarasota, FL	Mortgage on Menlo Park, CA - Condo						X				
	SunTrust Bank - Sarasota, FL	Mortgage on 996, LLC - 435 N. Washington, Sarasota, FL					X					
	Marshall & Ilsley Bank - Sarasota, FL	Acquisition on 1099 Management, LLC							X			
	Marshall & Ilsley Bank - Sarasota, FL	Mortgage on Buchanan Automotive Holdings, Inc.								X		
	RBC Centura - Sarasota, FL (PAID OFF)	Acquisition of Ocala, Black Mountain, University Chevrolet & Bowling Green							X			
	Wachovia - Sarasota, FL	Acquisition of 600 LLC						X				
	World Omni Financial - Deerfield Beach, FL	Acquisition of St. Augustine Toyota						X				
	Synovus Bank (was - Peoples Bank) Port Richey, FL (PAID OFF)	Acquisition of Suncoast Ford							X			
	Chase Bank - Tampa, FL (PAID OFF)	Acquisition of Avon Park Chevrolet						X				
	Regions Bank (was AmSouth Bank)	Mortgage on Broward Yacht							X			
	Wachovia Bank, Sarasota, FL	Mortgage on Avon, CO Residence							X			
	Wachovia Bank, Sarasota, FL (PAID OFF)	Mortgage on 1404, LLC							X			
	Bank of America, Jacksonville, FL	Acquisition of Jacksonville Hyundai					X					
	Wachovia Bank, Sarasota, FL	Mortgage on Country Club Shores, LLC							X			
	Regions Bank, Tampa, FL	Mortgage on University Chevrolet Property							X			
	SunTrust Bank, Sarasota, FL	Line of Credit - Various projects							X			
	Bank of America, Sarasota, FL (PAID OFF)	Line of Credit						X				
	Wachovia Bank, Sarasota, FL (PAID OFF)	Line of Credit						X				
	Marshall & Ilsley (was Gold Bank), Sarasota, FL (PAID OFF)	Line of Credit - Acquisition							X			
	SunTrust Leasing - Baltimore, MD (PAID 2007)	Purchase of Embraer Legacy								X		
	AmSouth Bank - Paid Off	Line of Credit						X				
	Wachovia Bank, St Augustine, FL	Acquisition of Toyota of Elizabeth City							X			
	Bank of Brevard, St Augustine, FL	Acquisition of St. Augustine Toyota				X						
	M&I Marshall & Ilsley Bank, Sarasota, FL	Acquisition of Bowling Green Dealership					X					
	M&I Marshall & Ilsley Bank, Sarasota, FL	Acquisition of Gwinnett Dodge						X				
	M&I Marshall & Ilsley Bank, Sarasota, FL	Line of Credit - Real Estate Projects							X			
	Wachovia Bank	Line of Credit - Bowling Green						X				
	SunTrust Bank	Capital Loan - Bowling Green							X			
	Regions (was AmSouth Bank)	Acquisition of Bowling Green, Black Mountain							X			
	M&I Marshall & Ilsley Bank, Sarasota, FL	Acquisition of Suncoast Ford							X			
	SunTrust Bank, Sarasota, FL (PAID OFF)	Line of Credit - Bowling Green						X				
	Bank of America, Sarasota, FL (PAID OFF)	Line of Credit - Maybach					X					

SCHEDULE VI - GIFTS	Name: Vernon G. Buchanan	Page 1 of 1

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards to $305 disclosure threshold.
Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Examples:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards	$6,000
	NOT APPLICABLE	NEW MEMBER	

Use additional sheets if more space is required

SCHEDULE VII -Travel Payments & Reimbursements	Name: Vernon G. Buchanan Page 1 of 1

Identify the source and list travel itinerary , dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Deisclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Ace (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Dates(s)	City of Departure - Destination - City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days NOT at Sponsor's Expense
Example:	Chicago Chamger of Commerce	Mar. 2	DC - Chicago - DC	N	N	N	None
	Roycroft Corporation	Aug 6-11	DC - Los Angeles - Cleveland	Y	Y	Y	2 days
	NOT APPLICABLE		**NEW MEMBER**				

SCHEDULE VIII - POSITIONS	Name: Vernon G. Buchanan Page 1 of 2

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.
Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Florida Chamber of Commerce, Tallahassee, FL
Board Member	U.S. Chamber of Commerce, Washington, D.C.
Advisory Director	SunTrust Bank, Gulf Coast, Sarasota, FL (RESIGNED)
Director	Enterprise Florida, Tallahassee, FL (RESIGNED)
Partner	1099, LC dba Venice Nissan - Venice Dodge
Partner	Sarasota 500, LLC dba Sarasota Ford
Partner	10-2002, LLC dba SunCoast Ford
Partner	10-3003, LLC dba SunCoast Mitsubishi
Partner	V.B. Investments of Ocala, LLC dba Honda of Ocala (BUSINESS SOLD)
Partner	198, Inc. dba Toyota/Lexus of Melbourne (BUSINESS SOLD)
Partner	600, LLC dba Space Coast Honda
Partner	8-2001, LLC dba Lighthouse Toyota
Partner	11-2001, LLC dba Hyundai of Jacksonville (BUSINESS SOLD)
Partner	Bowling Green Dealership, LLC dba Bowling Green BMW - Mercedes Benz
Partner	Avon Park, LLC dba Avon Park Chevrolet (BUSINESS SOLD)
Partner	University Chevrolet, LLC dba University Chevrolet on Florida Avenue (BUSINESS SOLD)
Partner	Black Mountain Ford, LLC dba Black Mountain Ford (BUSINESS SOLD)
Partner	Black Mountain Chevrolet, LLC dba Black Mountain Chevrolet (BUSINESS SOLD)
Partner	Gwinnett, LLC (BUSINESS SOLD)
President	Auto Central Services, Inc.
President	Auto Liquidators of SW FL., Inc.
President	Beaver Creek, LLC
President	Buchanan Automotive Holdings, Inc.
President	First Capital Corporation, Inc.
Partner	Graham Construction, LLP
President	Jamatt Financial, Inc.
President	Jamatt Realty, Inc.
President	Aircraft Holding and Leasing, LLC
President	Sarasota-Bradenton Aviation, Inc.
President	V.B. Motor Yachts, LLC
President	V.B. Cruise Charters, LLC
President	Buchanan Reinsurance, Inc.
Partner	Speed-Wing Investment Co.
Partner	Buchanan Farms, Inc.
Partner	V. B. Investments, Inc.
Partner	130 North Tamiami Trail, LLC
President	996, Inc.
Partner	Buchanan Investment Co., L.P.

SCHEDULE VIII - POSITIONS	**Name:** Vernon G. Buchanan Page 2 of 2

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.
Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Georgetowne Properties, LLC
Partner	Palm Walk Group, LLP (BUSINESS SOLD)
Partner	JMB, LLC
President	Unit 1404, LLC (BUSINESS SOLD)
President	6430 Hollywood Blvd., LLC
Partner	Five Points Residential Investments, LLC
President	Jamatt Properties, LLC
President	Buchanan Investment Co., L.P.
Partner	Palma Sola, LC, - Bradenton, FL (BUSINESS SOLD)
Partner	Point West, LLP - Bradenton, FL (BUSINESS SOLD)
Partner	Creekwood Hotel, LLC - Bradenton, FL
Partner	Roger Whitley, Inc. - Tampa, FL (BUSINESS SOLD)
Partner	High Aspen Ranch Holdings, LLC - Colorado
Partner	Orange Park, LLC
Partner	MB Acquisition and Leasing, LLC
Partner	VB Investments of Delaware, LLC

Use additional sheets if more space is required

SCHEDULE IX - AGREEMENTS	Name: Vernon G. Buchanan Page 1 of 1

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A

For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER (9)

2007 MAY 30 PM 4:50 MC

(Office Use Only)

CLERK
U.S. HOUSE OF REPRESENTATIVES

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Michael C. Burgess, M.D.
(Full Name)

P.O. Box 292728 Lewisville, TX 75029-2728
(Mailing Address)

2022257772
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: TX District: 26 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael C Burgess	5/30/2007

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael C. Burgess, M.D.

BLOCK A **Asset and/or Income Source**	BLOCK B **Year-End Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a *fair market value exceeding $1,000 at the end of the reporting period*, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SEE ATTACHED PAGES: 2A AND 2B				

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

MICHAEL C. BURGESS PAGE 2A

SP, DC, JT	ASSET and/or INCOME SOURCE	EAR END VALUE OF ASSE	TYPE OF INCOME	MOUNT OF INCOM	TRANSACTION
	LAKE POINT MEDICAL REALTY GP, LLC	NONE	PARTNERSHIP INCOME	NONE	
	LAKE POINT MEDICAL REALTY LTD	100,001-250,000	PARTNERSHIP INCOME	NONE	P
	5 ACRES TALKEETNA, AK	1,001-15,000		NONE	
	1 ACRE 1831 CROW ST DENTON, TEXAS	15,001-50,000		NONE	
	4637 IVANHOE, FT WORTH,TEXAS	50,001-100,000		NONE	
	2 5 ACRES HARBOR SOUTH, ARKANSAS	15,001-50,000		NONE	
	ROBERT J. WIDMER, TRUSTEE	50,001-100,000	INTEREST (ESTATE)	5,001-15,000	
	COMPASS BANK	1,001-15,000	INTEREST	201-1,000	
	UNITED COMMUNITY BANK (account closed in 2006)	NONE	INTEREST	1-200	
	WRIGHT PATTERSON CONGRESSIONAL CREDIT UNION	1-1,000	INTEREST	1-200	
	FIRST SECURITY BANK (CD)	100,001-250,000	INTEREST	5,001-15,000	
	NORTHWESTERN MUT LIFE INS CO	1-1,000	INTEREST	1-200	
SP	METLIFE	1,001-15,000	DIVIDENDS	1-200	
	CENTENNIAL MONEY MARKET (COMBINED)	1,001-15,000	INTEREST	1-200	
	ALCATEL LUCENT ADS (IRA)	1-1,000		NONE	
	AVAYA INC (IRA)	1-1,000		NONE	
	CISCO SYSTEMS INC	1-1,000		NONE	
	GENERAL ELECTRIC	1,001-15,000	DIVIDENDS	1-200	
	ISHARE DJ US TLCM ACT IDX	1,001-15,000	DIVIDENDS	1-200	
	LIMITED BRANDS	1-1,000	DIVIDENDS	1-200	
	MICROSOFT	1,001-15,000	DIVIDENDS	1-200	
	UNITED PARCEL SERVICE	1,001-15,000	DIVIDENDS	1-200	
	The above information was inadvertantly omited in 2005				
	WYETH	1,001-15,000	DIVIDENDS	1-200	
	GENWORTH VARIABLE ANNUITY PLUS (f/k/a GE LF Annuity)	15,001-50,000	DIVIDENDS	201-1,000	
SP	ALCATEL LUCENT ADS (IRA)	1-1,000		NONE	
SP	AMERICAN MOVIL SA DE CV (IRA)	1,001-15,000	DIVIDENDS	1-200	
SP	AVAYA INC (IRA)	1-1,000		NONE	
SP	PFIZER INC (IRA)	1,001-15,000	DIVIDENDS	1-200	
SP	STRYKER CORP. (IRA)	15,001-50,000	DIVIDENDS	1-200	
SP	TELEFONOS DE MEXICO (IRA)	1,001-15,000	DIVIDENDS	1-200	
SP	FIDELITY ADV SERIES - EQUITY GROWTH FUND	1,001-15,000		NONE	
SP	MFS SERIES TRUST II - EMERGING GROWTH FD	1-1,000		NONE	
	AT&T (IRA)	1,001-15,000	DIVIDENDS	1-200	P
	ABBOTT LABS (IRA)	1,001-15,000	DIVIDENDS	1-200	
	AMERICAN MOVIL SA DE CV (IRA)	1,001-15,000	DIVIDENDS	1-200	
	CIGNA CORP. (IRA)	1,001-15,000	DIVIDENDS	1-200	
	WALT DISNEY CO. (IRA)	1,001-15,000	DIVIDENDS	1-200	
	FORD MOTOR CO. (IRA)	1-1,000		NONE	
	GENERAL ELECTRIC (IRA)	1-1,000	DIVIDENDS	1-200	
	HOSPIRA INC (IRA)	1-1,000		NONE	
	INTEL CORP. (IRA)	1,001-15,000	DIVIDENDS	1-200	
	IBM CORP. (IRA)	1-1,000	DIVIDENDS	1-200	
	ISHARES US TREAS INFLATION PROT SECS (IRA)	1,001-15,000	DIVIDENDS	1-200	
	The above information was inadvertantly omited in 2005				
	MEDCO HEALTH SOLUTIONS (IRA)	1-1,000		NONE	
	MERCK AND CO. (IRA)	1,001-15,000	DIVIDENDS	201-1000	
	MICROSOFT CORP. (IRA)	1,001-15,000	DIVIDENDS	1-200	
	NOKIA (IRA)	1-1000	DIVIDENDS	1-200	
	PENN WEST ENERGY TRUST f/k/a Petrofund (IRA)	1,001-15,000	DIVIDENDS	201-1,000	
	SOUTHWEST AIRLINES (IRA)	1,001-15,000	DIVIDENDS	1-200	
	STRYKER CORP. (IRA)	15,001-50,000	DIVIDENDS	1-200	
	TELEFONOS DE MEXICO (IRA)	1,001-15,000	DIVIDENDS	1-200	
	TEXAS INSTRUMENTS (IRA)	1-1,000	DIVIDENDS	1-200	
	TIME WARNER (IRA)	1-1,000	DIVIDENDS	1-200	
	FIDELITY ADV. SERIES - EQUITY GROWTH FUND (IRA)	1,001-15,000	DIVIDENDS	201-1,000	
	MFS SERIES TRUST II - EMERGING GROWTH FD. (IRA)	1-1,000	DIVIDENDS	1-200	
JT	FIDELITY CASH RESERVES (Money Market)	1,001-15,000	DIVIDENDS	201-1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME				MICHAEL C BURGESS PAGE 2B	
JT	FIDELITY INTERNATIONAL DISCOVERY	50,001-100,000	DIVIDENDS	1,001-2,500	
JT	FIDELITY CAPITAL APPRECIATION	15,001-50,000	DIVIDENDS	201-1,000	
JT	FIDELITY CONTRA FUND	50,001-100,000	DIVIDENDS	5,001-15,000	
JT	FIDELITY EQUITY INCOME II FUND	15,001-50,000	DIVIDENDS	1,001-2,500	
JT	FIDELITY EXPORT AND MULTI NATIONAL	15,001-50,000	DIVIDENDS	201-1,000	
JT	FIDELITY VALUE	15,001-50,000	DIVIDENDS	2,501-5,000	
JT	FIDELITY GINNIE MAE	NONE	DIVIDENDS	201-1,000	S
JT	FIDELITY MORTGAGE SECURITIES	NONE	DIVIDENDS	201-1,000	S
	The above information was inadvertantly omited in 2005				
JT	FIDELITY SHORT TERM BOND	NONE	DIVIDENDS	1-200	S
	The above information was inadvertantly omited in 2005				
SP	HARTFORD ANNUITY	1,001-15,000	DIVIDENDS	201-1,000	
SP	TOYOTA MOTORS CORP	1-1,000	DIVIDENDS	1-200	
	AMR	1,001-15,000		NONE	P
	AIRTRAN HOLDINGS INC	1-1,000		NONE	
	DELL INC	NONE		NONE	S
	EATON VANCE OHIO MUNI	1-1,000	DIVIDENDS	1-200	
	EXEGENICS INC	1-1,000		NONE	
	GLOBAL E-POINT INC	1-1,000		NONE	
	ISHARES MSCI AUSTRIA	1-1,000	DIVIDENDS	1-200	
	ISHARES MSCI SINGAPORE	1-1,000	DIVIDENDS	1-200	
	ISHARES MSCI JAPAN IND	1,001-15,000	DIVIDENDS	1-200	P
	ISHARES S&P 500 INDEX	1,001-15,000	DIVIDENDS	1-200	
	The above information was inadvertantly omited in 2005				
	ISHARES GOLDMAN SACHS NATL RESOURCE INDX	1,001-15,000	DIVIDENDS	1-200	
	ISHARES NASDAQ BIOTECHNOLOGY	1-1,000		NONE	
	LIMITED BRANDS	1,001-15,000	DIVIDENDS	1-200	
	MATTHEWS INTERNATIONAL KOREA	1,001-15,000	DIVIDENDS	201-1,000	P
	NASDAQ - 100 SHARES INDEX	1,001-15,000	DIVIDENDS	1-200	
	The above information was inadvertantly omited in 2005				
	PENN WEST ENERGY TRUST (f/k/a Petrofund Energy)	1,001-15,000	DIVIDENDS	201-1,000	
	POWERSHARES ZACKS MICRO CAP INDEX	1,001-15,000	DIVIDENDS	1-200	
	POWERSHARES HIGH GR DVID 100 ACHIEVER	1,001-15,000	DIVIDENDS	1-200	P
	POWERSHARES BIOTECHNOLOGY & GENOME PORT	1-1,000		NONE	
	SAN JUAN BASIN ROYALTIES UNIT	1-1,000	ROYALTIES	201-1,000	P, S
	SONUS PHARMACEUTICALS INC	1-1,000		NONE	
	STREETTRACKS GOLD TRUST INVESTMENT FUND	1,001-15,000		NONE	
	UMB SCOUT WORLDWIDE	1,001-15,000	DIVIDENDS	1-200	
	VANGUARD ENERGY INDEX FUNDS	1,001-15,000	DIVIDENDS	1-200	P
	VANGUARD HEALTHCARE INDEX	1-1,000	DIVIDENDS	1-200	
	VANGUARD TOTAL STOCK MARKET INDEX VIPERS	1,001-15,000	DIVIDENDS	1-200	
	The above information was inadvertantly omited in 2005				
	HCA, Inc	None	DIVIDENDS	201-1,000	S

KEY

INTEREST/CG = INTERESTEREST/CAPITAL GAINS
DIVIDENDS = DIVIDENDSIDENDS
CAPITAL APPRECIATION = CAPITAL APPRECIATION
INTEREST = INTERESTEREST

SCHEDULE IV - TRANSACTIONS

Name Michael C. Burgess, M.D.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	SAN JUAN BASIN ROYALITIES UNIT BEN INT.	P	2-22-06	$1,001 - $15,000
	SAN JUAN BASIN ROYALITIES UNIT BEN INT.	S	12-20-06	$1,001 - $15,000
	ISHARES MSCI JAPAN	P	2-22-06	$1,001 - $15,000
	VANGUARD ENERGY INDEX	P	2-22-06	$1,001 - $15,000
	MATTHEWS INTERNATIONAL KOREA	P	3-21-06	$1,001 - $15,000
	AMR	P	8-28-06	$1,001 - $15,000
	DELL	S	3-21-06	$1,001 - $15,000
	POWERSHARES HIGH GR DVID 100 ACHIEVER	P	3-14-06	$1,001 - $15,000
JT	FIDELITY SHORT TERM BOND	S	6-28-06	$1,001 - $15,000
JT	FIDELITY GINNIE MAE	S	6-28-06	$1,001 - $15,000
JT	FIDELITY MORTGAGE SECURITIES	S	6-28-06	$15,001 - $50,000
	AT&T	P	12-22-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael C. Burgess, M.D.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	HCA, INC.	S	11-20-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Michael C. Burgess, M.D.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	BANK OF AMERICA	MORTGAGE ON 4637 IVANHOE, FORT WORTH, TEXAS	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael C. Burgess, M.D.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
ALLIANCE FOR HEALTH REFORM	JAN 12-14	DC-AVENTURA, FL-DALLA/FORT WORTH TX	Y	Y	N	NONE
THE HERITAGE FOUNDATION RSC RETREAT	JAN 26-31	BALTIMORE-DC	Y	Y	N	NONE
AMERICAN ASSOC OF CLINICAL ENDOCRINOLOGISTS	AUG 12-13	DALLAS/FORT WORTH, TX-GALVESTON-DALLAS/FORT WORTH	Y	Y	Y	NONE

SCHEDULE VIII - POSITIONS

Name Michael C. Burgess, M.D.

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD OF TRUSTEES (RETIRED MEMBER)	MEDICAL CENTER OF LEWISVILLE, TX

HAND DELIVERED (9)

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 AM 11:07

MC OFFICE OF THE CLERK
(Clerk of the House of Representatives)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A — For use by Members, officers, and employees

Danny L. Burton
(Full Name)

2308 Rayburn House Office Building Washington, DC 20515 — 202/225-2276
(Mailing Address) — Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: IN District: 05	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Danny L Burton	5/14/07

SCHEDULE I - EARNED INCOME

Name Danny L. Burton

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Geist Family Care/Riverview Hospital	Spouse Salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny L. Burton

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Apx 45 acres undeveloped land in Flat Creek KY	$15,001 - $50,000	None	NONE	
	BANCORP CDs Wilmington DE	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
SP	Bank One (IRA)(Certificate of Deposit) Indianapolis, IN	$1,001 - $15,000	None	NONE	
	Charter Bank (Savings Accounts)	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	Chase Bank (Savings Accounts)	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
	Condominium 11250 Via Vasari Drive Bonita Springs, FL	$500,001 - $1,000,000	RENT	$5,001 - $15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny L. Burton

	Congressional Federal Credit Union (Savings Accounts)	$15,001 - $50,000	INTEREST	$2,501 - $5,000	
	Delaware Charter Gty Trust (IRA) (Certificates of Deposit) Wilmington, DE (formerly contained in Alliance/Mesirow account)	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
	Heartland Bank Franklin, IN (Savings Accounts	$250,001 - $500,000	INTEREST	$5,001 - $15,000	
	Indiana Members Credit Union Indianapolis, IN Savings/Checking Accounts)	$15,001 - $50,000	None	NONE	
	Indicator Systems International Inc (Stock)	$50,001 - $100,000	None	NONE	
	Land Contract Note receivable from John Miller of sale of Johnson Co IN 7.5 acres	$100,001 - $250,000	Other: (Loan Payment)	$15,001 - $50,000	
	Mesirow Prime Cash Trust Money Market	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	Monte Vista/Tegnor Inv Commercial Real Estate near Sonora CA	$50,001 - $100,000	None	NONE	
SP	National City Bank Indianapolis, IN (Checking and Savings Accounts	$1,001 - $15,000	None	NONE	
	Oldsmar 202/203 The Galleria, St. Petersburg Drive Oldsmar, FL	None	None	NONE	Other

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny L. Burton

	Penninsula Custodial CD Account	$250,001 - $500,000	INTEREST	$15,001 - $50,000	
	Plata del Norte Commercial Real Estate investment 4096 Avienda de la Plata Oceanside, CA	$100,001 - $250,000	None	NONE	
	Real Estate Johnson County IN (Apx 7.5 acres	None	Other: (See Contract Note loan payment above)	$15,001 - $50,000	S
	Real Estate Johnson Co. IN (Apx 23 acres farmland)	$250,001 - $500,000	RENT	$1,001 - $2,500	
	Real Estate (lot) Lot 29, Block 680 SE 1151 Pasadena Road Port Malabar 15 Palm Bay, FL	$15,001 - $50,000	None	NONE	
SP	Riverview Hospital Retirement Plan	$50,001 - $100,000	None	NONE	See Footnote

SCHEDULE IV - TRANSACTIONS

Name Danny L. Burton

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Oldsmar 202/203 The Galleria, St. Petersburg Dr Oldsmar FL	Other	12/31/05	See footnote
	Real Estate Johnson Co, IN (apx 7.5 acres)	S	May 05	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Danny L. Burton

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
ROC-USA Business Council	Aug. 28-Sep 3, 2006	Washington, DC-Taipei, Taiwan-Washington, DC	Y	Y	Y	None
National Coffee Assn of the USA, Inc	March 10 - 11, 2006	Washington, DC - Fort Lauderdale FL- Washington, DC	Y	Y	N	None
Telefonica	April 19-21, 2006	Indpls, IN-Ft. Lauderdale, FL	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Danny L. Burton

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board (Uncompensated)	American Security Council Foundation
Governing Board (Uncompensated)	Care For Kids Foundation

FOOTNOTES

Name Danny L. Burton

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Tax write-off on bad investment of $60,000 on 2006 tax return.	Oldsmar 202/203
3	Schedule IV	Tax write-off on bad investment of $60,000 on 2006 tax return.	Oldsmar 202/203
4	Schedule III	Not Self Directed	Riverview Hospital Retirement Plan
5	Schedule III	All Spouse Assets are initial filings. Congressman and Dr. Burton were married in August of 2006.	Bank One (IRA) Indianapolis, IN
6	Schedule III	This asset was inadvertently ommitted from previous filings, all of which will be amended, as it was reported with the Alliance/Mesirow Account and was not broken out properly)	Delaware Charter Gty Trust (IRA) Wilmington DE

2007 MAY 15 PM 5:27
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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

(Full Name) G.K. Butterfield

(Mailing Address) P.O. Box 2571
Wilson NC 27894

Daytime Telephone: (252) 243-7996

Filer Status	[X] Member of the U.S. House of Representatives — State: NC District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more ~~than $305 and not otherwise exempt~~)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	G.K. Butterfield	05-15-2007

Name G. K. Butterfield | Page 2 of 12

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of North Carolina	Retirement	$52,209

For payments to charity in lieu of honoraria, use Schedule II.

Name G. K. Butterfield | Page 3 of 12

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction
SP, DC, JT	Examples: SP	Mega Corp. Stock				X								X										X								P
	DC	Simon & Schuster		Indefinite																Royalties									X			
	JT	1st Bank of Paducah, KY accounts					X									X										X						
		BB & T Wilson, NC			X												X					X										
		BB & T, Wilson, NC			X												X					X										
		BB & T, Wilson, NC			X												X					X										
		Unity Life CMC, INC					X										X									X						
		JSL Development Ctr.			X												X						X									
		Butterfield For Congress				X											X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name G.K. Butterfield

Page 4 of 12

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, or E
	R.E. Partnership - F.B.W.						X									X									X						
	R.E. Partnership - B.&C.							X								X										X					
	R.E. Partnership - B.+M.						X									X							X								
	Real Estate - Individual								X							X										X					

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name G. K. Butterfield

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
	Rental Real Estate: 203-301 East St. Wilson		X		06-11-06	X									
	Rental Real Estate 406 Maury St Wilson, NC	Donated Prop.													
	Rental Real Estate 410 Maury St. Wilson	Donated Prop.													

This page may be copied if more space is required.

Schedule V - Liabilities

G. K. Butterfield

Creditor	Type of Liability	Amount of Liability				
		B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000
Heritage Bank, Wilson, NC	536 Nash (B T Barnes) of Wilson, NC			X		
Cornerstone Bank, Wilson, NC	528 Nash St (Beauty Parlor) of Wilson, NC		X			
Heritage Bank, Wilson, NC	548 Nash St (Rosemond) of Wilson, NC			X		
Cornerstone Bank, Wilson, NC	1614 MLK Pkwy of Wilson, NC		X			
Cornerstone Bank, Wilson, NC	5314 Ward Blvd of Wilson, NC		X			
Cornerstone Bank, Wilson, NC	1702 MLK Pkwy of Wilson, NC		X			
BB&T Bank, Wilson, NC	211-213 Pender St of Wilson, NC			X		
BB&T Bank, Wilson, NC	109 Wayfarer Ct of Wilson, NC			X		
BB&T Bank, Wilson, NC	325 E Nash St (Funeral Home) of Wilson, NC		X			
Heritage Bank, Wilson, NC	542 Nash Street (Nash Plaza) of Wilson, NC					X
Heritage Bank, Wilson, NC	106 Pender Street (Barnes Corner) of Wilson, NC				X	
Cornerstone Bank, Wilson, NC	608 Nash Street (Darden Corner) of Wilson, NC			X		
Wells Fargo Bank, Wilson, NC	Other Liabilities (Wilson, NC)		X			
Countrywide Bank, Wilson, NC	Other Liabilities (Wilson, NC)			X		

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
5/1/04	G.K. Butterfield & State of N.C.	Receive $4,285.96 monthly from 5/1/04 through 6/30/06.
7/1/06	G.K. Butterfield & State of N.C.	Receive $4,415.54 monthly from 7/1/06 until death.

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

Real Estate Partnerships
G.K. Butterfield
As of December 31, 2006

Description	Value	Gross Annual Rent Received	Entity	Ownership Interest
211-213 Pender Street	$300,000.00	$39,000.00		
109 Wayfarer Court	$300,000.00	$39,000.00		
137 Wayfarer Court	$25,000.00	$0.00		
Total	**$625,000.00**	**$78,000.00**	**Real Etate Partnership--Butterfield & Connie**	**50%**
325 E. Nash St.(F.H.)	$315,000.00	$25,800.00		
Total	**$315,000.00**	**$25,800.00**	**Real Estate Partnership--Fitch, Butterfield, & Wynn**	**33%**
Darden Corner	$240,000.00	$1,680.00		
Total	**$240,000.00**	**$1,680.00**	**Real Estate Partnership--Butterfield & Mills**	**50%**

Real Estate--Individual
G.K. Butterfield
As of December 31, 2006

Description	Value	Gross Annual Rent Received	Capital Gain/(Loss)	Ownership Interest
Nash Plaza	$433,000.00	$18,310.00		100%
Barnes Corner	$240,000.00	$13,618.00		100%
1614 MLK Pkwy.	$29,000.00	$975.00		100%
1702 MLK Pkwy.	$60,000.00	$5,500.00		100%
5314 Ward Blvd.	$70,000.00	$6,050.00		100%
203 -301 East Street	$0.00	$1,400.00	(7,456.00)	100%
1704 MLK Pkwy.	$15,000.00	$0.00		100%
406 Maury Street	$6,000.00	$0.00	Donated	100%
410 Maury Street	$10,000.00	$0.00	Donated	100%
Total	**$863,000.00**	**$45,853.00**	**(7,456.00)**	100%

G.K. Butterfield
Financial Disclosure Statement For Calendar Year 2006
Footnotes Accompanying Form "A"

1) Assets are stated at their estimated current values and liabilities at their estimated current amounts.

2) Changes to schedule for Real Estate—Individual from prior year are as follows:

Property Description in Prior Year Report	Property Description in Current Year Report
528 Nash Street (Beauty Parlor)	Nash Plaza
536 Nash Street (BT Barnes)	Nash Plaza
542 Nash Street (Potts)	Nash Plaza
548 Nash Street (Rosemond)	Nash Plaza
532 Nash Street (Tolson)	Nash Plaza
544 Nash Street (Tolson)	Nash Plaza
534 Nash Street (Wingate)	Nash Plaza
550 Nash Street	Nash Plaza
106 Pender Street (Xiamena)	Barnes Corner
603 Nash Street	Barnes Corner
611-613 Nash Street	Barnes Corner
111-113 Ash Street	Barnes Corner
115-117 Ash Street	Barnes Corner

3) Changes to schedule for Real Estate—Partnerships from prior year are as follows:

Property Description in Prior Year Report	Property Description in Current Year Report
205 S. Pender	Darden Corner
608 E. Nash	Darden Corner
622 E. Nash (Garris)	Darden Corner
622.5 E. Nash	Darden Corner
600 E. Nash	Darden Corner
105 S. Pender	Darden Corner
113 S. Pender	Darden Corner

4) Changes to Schedule V--Liabilities from prior year are as follows:

Prior Year Creditor	Prior Year Type of Liability	Current Year Creditor	Current Year Type of Liability
Heritage Bank, Wilson, NC	542 Nash St. (Potts) of Wilson, NC	Heritage Bank, Wilson, NC	Nash Plaza of Wilson, NC
Heritage Bank, Wilson, ,NC	106 Pender St. (Xiamena) of Wilson, NC	Heritage Bank, Wilson, ,NC	Barnes Corner of Wilson, NC
Heritage Bank, Wilson, NC	115 Ash of Wilson, NC	Heritage Bank, Wilson, NC	Barnes Corner of Wilson, NC
Heritage Bank, Wilson, NC	603 Nash of Wilson, NC	Heritage Bank, Wilson, NC	Barnes Corner of Wilson, NC
Cornerstone Bank, Wilson, NC	205 S. Pender St. (Peppers) of Wilson, NC	Cornerstone Bank, Wilson, NC	Darden Corner of Wilson, NC
Cornerstone Bank, Wilson, NC	608 W. Nash of Wilson, NC	Cornerstone Bank, Wilson, NC	Darden Corner of Wilson, NC
Erader Mills, Wilson, NC	622 E. Nash (Garris) of Wilson, NC	Erader Mills, Wilson, NC	Darden Corner of Wilson, ,NC

5) Note Receivables are as follows:

Organization	Receivable Balance	Source of Income
Unity Life CMC, Inc. (800 Hines Street)	$120,000	Promissory note on property
JSL Development Center	$5,000	Promissory note on property
Butterfield For Congress Committee	$15,600	Promissory note on campaign loan

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER (9)
2007 MAY 15 AM 10: 41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Stephen E Buyer
(Full Name)

2230 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-5037
Daytime Telephone:

Filer Status	Member of the U.S. House of Representatives	State: IN District: 04	✓ Officer Or Employee	Employing Office: Congressman Steve Buyer
Report Type	✓ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ✓	No
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	No ✓
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ✓	No
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ✓	No
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ✓	No
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	No ✓
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ✓	No
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	No ✓
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	No ✓

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		

SCHEDULE I - EARNED INCOME

Name Stephen E Buyer

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Purdue University	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen E Buyer

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.				
JT	Checking Account, Wells Fargo, Monticello, IN	$1,001 - $15,000	Interest	$201 - $1,000	N/A
	Checking Account, Wright Patman Congressional Federal Credit Union, Washington, Dc	$1,001 - $15,000	N/A	NONE	N/A
	Checking Account, Wright Patman Congressional Federal Credit Union, Washington, DC	$1,001 - $15,000	N/A	NONE	N/A
SP	Chico's, Common Stock	$15,001 - $50,000	None/Other: (Please specify)/None	NONE	P
SP	IRA, Charles Schwab, Money Market Account	$50,001 - $100,000	Interest	$1,001 - $2,500	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen E Buyer

	IRA, Charles Schwab, Money Market Account	$1,001 - $15,000	Interest	$5,001 - $15,000	N/A
JT	Law Office, 103 West Broadway, Monticello, IN	$100,001- $250,000	Rent	$5,001 - $15,000	N/A
JT	Money Market Account, Charles Schwab, Indianapolis, IN, Money Market Account	$50,001- $100,000	Interest	$5,001 - $15,000	N/A
	Savings Account, Wells Fargo, Monticello, IN	$1,001 - $15,000	Interest	$1 - $200	N/A

SCHEDULE IV - TRANSACTIONS

Name Stephen E Buyer

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Chico's, Common Stock	P	6-5-06	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Stephen E Buyer

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Wells Fargo Mortgage, Monticello, IN	Mortgage on Law Office, 103 West Broadway, Monticell, IN	$12,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Stephen E Buyer

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Consumer Electronics Association	Jan. 4-8, 2006	Indianapolis, IN- Las Vegas-Indianapolis, IN	Y	Y	Y	N/A

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2007 JUN 13 PM 12:45

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Stephen E Buyer
(Full Name)

2230 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-5037
Daytime Telephone:

Filer Status	Member of the U.S. House of Representatives — State: IN District: 04	☑ Officer Or Employee	Employing Office: Congressman Steve Buyer
Report Type	Annual (May 15) ☒ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Stephen E Buyer	

632

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Kenneth Stanton Calvert
(Full Name)

2201 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202/225-1986
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives State: CA District: 44 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calender year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Kenneth S. Calvert	5-14-07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenneth Stanton Calvert

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Commercial Rental 63 W. Grand, Corona, CA	$250,001 - $500,000	RENT	$50,001 - $100,000	
	624 E. Grand Blvd Corona, CA (50%)	$250,001 - $500,000	RENT	$15,001 - $50,000	
	501 & 503 E. 6th Corona, CA (25%)	$100,001 - $250,000	RENT	$15,001 - $50,000	
**1	Seaton & Martin Streets Perris, CA (50%)	None	CAPITAL GAINS	$50,001 - $100,000	S
	Limonite, Mira Loma Vacant Land (33 1/3%)	$250,001 - $500,000	None	NONE	P
**2	3rd St. Corona, Vacant Land Sale of Excess 2.9 acres (25%)	None	CAPITAL GAINS	$100,001 - $1,000,000	S (partial)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenneth Stanton Calvert

**2	1065 E. 3rd Corona Storage Facility Formerly "3rd St. Vacant Land" (20%)	$1,000,001 - $5,000,000	RENT	$5,001 - $15,000	
	Vacant Land Green Farms, Texas	None	CAPITAL GAINS	$50,001 - $100,000	S
	Note Receivable Sale from Green Farms, Texas Allen Development of Texas, LLC, Visalia, CA	$500,001 - $1,000,000	INTEREST	$15,001 - $50,000	
	Stock Calvert Real Properties	$250,001 - $500,000	DIVIDENDS	$15,001 - $50,000	
	Citizens Business Bank Personal Checking	$100,001 - $250,000	INTEREST	$1,001 - $2,500	

SCHEDULE IV - TRANSACTIONS

Name Kenneth Stanton Calvert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Seaton & Martin Streets Perris, CA (50%)	S	02-27-06	$500,001 - $1,000,000
	Limonite, Mira Loma Vacant Land (33 1/3%)	P	05-24-06	$250,001 - $500,000
	3rd St. Corona, Vacant Land Sale of Excess 2.9 acres (25%)	S	12-04-06	$250,001 - $500,000
	Vacant Land Green Farms, Texas	S	02-13-06	$500,001 - $1,000,000

SCHEDULE V - LIABILITIES

Name Kenneth Stanton Calvert

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Citizens Business Bank Corona, CA	Mortgage (100%) 63 W. Grand Blvd, Corona, CA	$50,001 - $100,000
	Citzens Business Bank Corona, CA	Mortgage (25%) 501, 503 E. 6th, Corona, CA	$250,001 - $500,000
	CitiBank Irvine, CA	Mortgage (20%) 1065 E. 3rd St, Corona, CA	$1,000,001 - $5,000,000

FOOTNOTES

Name Kenneth Stanton Calvert

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Seaton & Martin property in Perris, CA, was sold during the reporting year and part of the net sales proceeds were used to acquire the vacant land in Mira Loma, CA identified in Block A of Schedule III and as reported on page 4, Schedule IV; the remainder is reported as an unearned capital gain income from the Seaton & Martin property on page 2 of Schedule III.	Seaton & Martin Streets
2	Schedule III	2.9 acres, a portion of the "3rd Street Vacant Land", of which I owned 25% was sold on 12/04/06. My portion of the net sales proceeds is reported on page 4, Schedule IV and is also reported as an unearned capital gain income from the 3rd Street Vacant Land property on page 2 of Schedule III. The remainder of the "3rd Street Vacant Land" property, now known as Dollar Storage at 1065 E. 3rd St., has been developed as a storage facility of which I own 20%	3rd St Corona, Vacant Land & 1065 E. 3rd Corona

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

DAVID LEE CAMP
(Full Name)

137 CANNON HOB WASHINGTON, DC 20515
(Mailing Address)

(202) 225-3561
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: MI, District: 4	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑	No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David Lee Camp	May 11, 2007

639

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	BLOCK A **Asset and/or Income Source** (a) each asset held for investment or production of income with market value exceeding $1,000 at the end of the reporting period, (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	ABBOTT LABORATORIES-STOCK	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	P
	ADOBE SYSTEMS INC-STOCK	$15,001 - $50,000	DIVIDENDS	NONE	P
	AGILENT TECHNOLOGIES-STOCK	$1,001 - $15,000	None	NONE	
	ALLTEL CORP-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	AMERICAN EXPRESS-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	AMGEN-STOCK	$15,001 - $50,000	None	NONE	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	APPLE COMPUTER INC-STOCK	$15,001 - $50,000	None	NONE	P
	ARCHER DANIELS MID-STOCK	None	DIVIDENDS	$201 - $1,000	PS
	AUTOMATIC DATA PROCESS-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	BHP BILLITON LTD ADR-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS
	BOSTON PROPERTIES INC-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	CARDINAL HEALTH INC-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CATERPILLAR INC-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	CENTENNIAL MONEY MKT TR-STOCK	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
	CENTENNIAL TAX EXEMPT TR-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CHEMICAL FINANCIAL-STOCK	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
	CHESAPEAKE ENERGY-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	CISCO SYSTEMS-STOCK	$50,001 - $100,000	None	NONE	
	CITIGROUP INC-STOCK	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	COLGATE-PALMOLIVE CO-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	COMCAST CORP-STOCK	$1,001 - $15,000	None	NONE	P
	COMERICA INC-STOCK	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	S
	CONOCOPHILLIPS-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	CONSOLIDATED EDISON-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	COSTCO WHOLESALE-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	DELL INC-STOCK	$1,001 - $15,000	None	NONE	PS
	DIAGEO PLC ADR-STOCK	$15,001 - $50,000	None	NONE	P
	DISNEY CO-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	PS
	DOW CHEMICAL CO -STOCK	$250,001 - $500,000	DIVIDENDS	$15,001 - $50,000	S
	DOW CHEMICAL COMPANY 401K	$100,001 - $250,000	DIVIDENDS &INTEREST	$1,001 - $2,500	
	ENERGY TRANSFER EQTY-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	EXXON MOBIL-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	FEDEX CORP-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	PS
	FORD MOTOR CO-STOCK	None	DIVIDENDS	$201 - $1,000	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	FORWARD AIR CORP-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	FPL GROUP INC-STOCK	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	P
	GENENTECH INC-STOCK	$15,001 - $50,000	None	NONE	PS
	GENERAL DYNAMICS-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	GENERAL ELECTRIC CO-STOCK	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	PS
	GENTEX CORP-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	GEORGIA ST GO-BOND	$50,001 - $100,000	INTEREST	$201 - $1,000	P
	GILEAD SCIENCES INC-STOCK	$15,001 - $50,000	None	NONE	P
	GOOGLE INC CL-A-STOCK	$15,001 - $50,000	None	NONE	PS
	HEWLETT-PACKARD CO-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	HJ HEINZ CO-STOCK	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	HOME DEPOT INC-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	HSBC HOLDINGS PLC-STOCK	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	PS
	HURON VALLEY, MI-BOND	None	INTEREST	$1,001 - $2,500	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	IBM-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	ILLINOIS ST GO ULT SER A-BONDS	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
	INTEL-STOCK	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	S
	IRA- DOW JONES US HEALTHCARE SECT IND-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	IRA- MSCI EAFE INDEX FD-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS
	IRA- S & P MID CAP 400 VALUE FD-ISHARES	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS
	IRA- S & P MIDCAP 400 GROWTH IND-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS
	IRA- US UTILS SECT-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	IRA-AG EDWARDS- MONEY MARKET FUNDS	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	IRA-DOW JONES US TELECOMM. SECT-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	IRA-ISHARES TR- LEHMAN 7-10 YR TREASURY	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	IRA-ISHARES TR-S & P 500 INDEX FD	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	IRA-LEHMAN 1-3 YR TREAS.-ISHARES TR	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	IRA-SECTOR SPDR TR INDUSTRIAL-SBI	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	IRA-SECTOR SPDR TR-CONSUMER STAPLES	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	IRA-SECTOR SPDR TR-ENERGY SBI	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS
	IRA-SECTOR SPDR TR-FINANCIAL -SBI	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	IRA-SECTOR SPDR TR-TECHNOLOGY-SBI	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	IRA-SELECT SECT SPDR TR-SBI-CONSUMER DISCRET	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	IRA-SELECT SECTOR SPDR TR-HEALTH CARE	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	IRA= ISHARES IBOXX INVEST GRADE CORP BOND FD	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	PS
	ITC HOLDINGS CORP-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	JOHNSON & JOHNSON-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	JP MORGAN CHASE-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	KEIL TRUST-U/A 3/05/98 FBO NANCY CAMP-GRANTOR, ROBERT KEIL "EXCEPTED TRUST"	$1,000,001 - $5,000,000	DIVIDENDS & INTEREST	$15,001 - $50,000	
	LANSING MI SCHOOL DIST-BOND	$50,001 - $100,000	INTEREST	$201 - $1,000	P
	MCDONALDS CORP-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	MEDTRONIC-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	MI ST TRUNKLINE A-BOND	$50,001 - $100,000	INTEREST	$1,001 - $2,500	P
	MI STATE EMPL DEF COMPENSATION	$15,001 - $50,000	DIVIDENDS &/INTEREST	$201 - $1,000	
	MICHIGAN MUNI BND AUTH REV-BOND	$15,001 - $50,000	INTEREST	$1 - $200	P
	MICHIGAN ST GO UNLTD 9/06-BONDS	None	INTEREST	$5,001 - $15,000	S
	MISSOURI ST GO REF BLDG A-BONDS	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
	MONSANTO CO-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	MOODY'S CORP-STOCK	$1,001 - $15,000	DIVIDENDS	NONE	P
	MYLAN LABORATORIES-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	NESTLE SA ADR-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	NEWS CORP LTD ADR-STOCK	$1,001 - $15,000	None	NONE	P
	NORDSTROM INC-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	NOVARTIS AG ADR-STOCK	$1,001 - $15,000	None	NONE	P
	OCCIDENTAL PETROLEUM-STOCK	$1,001 - $15,000	None	NONE	P

	OHIO ST GO ULT HI ED-BONDS	None	INTEREST	$201 - $1,000	S
	OSHKOSH TRUCK CORP-STOCK	$15,001 - $50,000	DIVIDENDS	$1 - $200	PS
	PEPSICO INC-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	PFIZER INC-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
	PHELPS DODGE-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	PROCTER & GAMBLE CO-STOCK	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	PS
	RAYONIER INC-STOCK	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	RESEARCH IN MOTION-STOCK	$1,001 - $15,000	None	NONE	P
	SANOFI-AVENTIS ADR-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS
	SARA LEE CORP-STOCK	None	DIVIDENDS	$201 - $1,000	S
	SO CAROLINA ST GO ULT A-BOND	$50,001 - $100,000	INTEREST	$1,001 - $2,500	P
	SSGA GOV MMF-STOCK	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
	SSGA TAX FREE MMF-STOCK	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
	STARBUCKS CORP-STOCK	$15,001 - $50,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	TEXAS ST PUB FIN AUTH-BOND	None	INTEREST	$1,001 - $2,500	PS
	TOYOTA MOTOR ADR-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	TROY MI CITY SCH DIST GO ULT-BOND	$50,001 - $100,000	INTEREST	$201 - $1,000	P
	UNITED TECHNOLOGIES-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS
	UNIVERSITY OF MI REVS-STOCK-BONDS	None	INTEREST	$1,001 - $2,500	S
	US BANCORP-STOCK	None	DIVIDENDS	$201 - $1,000	PS
	US TREASURY BILLS-BONDS	$100,001 - $250,000	INTEREST	$2,501 - $5,000	PS
	UTAH ST GO ULT 7-07-BONDS	$100,001 - $250,000	INTEREST	$5,001 - $15,000	P
	VERASUN ENERGY CORP-STOCK	$1,001 - $15,000	NONE	NONE	PS
	WACHOVIA CORP-STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	WASHINGTON ST GO ULT-BONDS	$50,001 - $100,000	None	NONE	P
	WEATHERFORD INTL LTD-STOCK	$1,001 - $15,000	None	NONE	PS
	WELLS FARGO & CO-NEW-STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	WHOLE FOODS INC-STOCK	None	DIVIDENDS	$201 - $1,000	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	WISCONSIN ST TRANSN REV-BOND	$50,001 - $100,000	None	NONE	P
	WYETH-STOCK	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	3M CO-STOCK	S	1-12-06	$1,001 - $15,000
	BOSTON PROPERTIES INC-STOCK	P	10 TIMES	$15,001 - $50,000
	CHESAPEAKE ENERGY-STOCK	P	17 TIMES	$15,001 - $50,000
	COMCAST CORP-STOCK	P	14 TIMES	$1,001 - $15,000
	DIAGEO PLC ADR-STOCK	P	16 TIMES	$15,001 - $50,000
	GEORGIA ST GO-BOND	P	2 TIMES	$50,001 - $100,000
	GILEAD SCIENCES INC-STOCK	P	8 TIMES	$15,001 - $50,000
	JP MORGAN CHASE-STOCK	P	07-25-06	$1,001 - $15,000
	LANSING MI SCHOOL DIST-BOND	P	09-21-06	$50,001 - $100,000
	MCDONALDS CORP-STOCK	P	11 TIMES	$15,001 - $50,000
	MONSANTO CO-STOCK	P	15 TIMES	$15,001 - $50,000
	MOODY'S CORP-STOCK	P	6 TIMES	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	NEWS CORP LTD ADR-STOCK	P	8 TIMES	$1,001 - $15,000
	NORDSTROM INC-STOCK	P	05-10-06	$15,001 - $50,000
	NOVARTIS AG ADR-STOCK	P	8 TIMES	$1,001 - $15,000
	OCCIDENTAL PETROLEUM-STOCK	P	4 TIMES	$1,001 - $15,000
	PEPSICO INC-STOCK	P	05-10-06	$15,001 - $50,000
	PHELPS DODGE-STOCK	PS	18 TIMES	$15,001 - $50,000
	RAYONIER INC-STOCK	P	8 TIMES	$1,001 - $15,000
	RESEARCH IN MOTION-STOCK	P	10-05-06	$1,001 - $15,000
	SO CAROLINA ST GO ULT A-BOND	P	03-27-06	$50,001 - $100,000
	TEXAS ST PUB FIN AUTH-BOND	PS	04-28-06P 06-08-06S	$50,001 - $100,000
	TROY MI CITY SCH DIST GO ULT-BOND	P	09-27-06	$50,001 - $100,000
	UNITED TECHNOLOGIES-STOCK	PS	12 TIMES	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	VERASUN ENERGY CORP-STOCK	PS	19 TIMES	$1,001 - $15,000
	WACHOVIA CORP-STOCK	P	05-10-06	$15,001 - $50,000
	WEATHERFORD INTL LTD-STOCK	PS	18 TIMES	$15,001 - $50,000
	WISCONSIN ST TRANSN REV-BOND	P	10-06-06	$50,001 - $100,000
	HURON VALLEY, MI-BOND	S	05/01/06	$15,001 - $50,000
	OHIO ST GO ULT HIGHER ED-BOND	S	05-01-06	$15,001 - $50,000
	IRA= ISHARES IBOXX INVEST GRADE CORP BOND FD	PS	3 TIMES	$1,001 - $15,000
	ACME PACKET INC-STOCK	PS	6 TIMES	$1,001 - $15,000
	ADOBE SYSTEMS INC-STOCK	P	9 TIMES	$1,001 - $15,000
	ALCON INC-STOCK	PS	18 TIMES	$15,001 - $50,000
	ALLTEL CORP-STOCK	PS	8 TIMES	$1,001 - $15,000
	AMERICAN EXPRESS CO-STOCK	P	18 TIMES	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	AMGEN-STOCK	PS	24 TIMES	$15,001 - $50,000
	APPLE INC-STOCK	P	09-05-06	$1,001 - $15,000
	AQUA AMERICA INC-STOCK	PS	21 TIMES	$15,001 - $50,000
	ARCHER DANIELS-STOCK	PS	26 TIMES	$15,001 - $50,000
	BHP BILLITION LTD ADR-STOCK	PS	25 TIMES	$15,001 - $50,000
	BELLSOUTH CORP-STOCK	S	1-10-06	$1,001 - $15,000
	BOEING CO-STOCK	PS	6 TIMES	$1,001 - $15,000
	BROADCOM CORP CL A-STOCK	PS	7 TIMES	$1,001 - $15,000
	BURLINGTON NO SANTA FE-STOCK	PS	32 TIMES	$15,001 - $50,000
	CAMECO CORP-STOCK	PS	26 TIMES	$15,001 - $50,000
	CATERPILLAR INC-STOCK	PS	16 TIMES	$15,001 - $50,000
	COCA COLA CO-STOCK	S	1-11-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	CONOCO PHILLIPS-STOCK	PS	16 TIMES	$15,001 - $50,000
	CONSOLIDATED EDISON-STOCK	P	8 TIMES	$1,001 - $15,000
	CORNING INC - STOCK	PS	25 TIMES	$15,001 - $50,000
	COSTCO WHOLESALE -STOCK	P	8 TIMES	$1,001 - $15,000
	DELL INC-STOCK	PS	6 TIMES	$1,001 - $15,000
	DEVON ENERGY CORP-STOCK	PS	14 TIMES	$1,001 - $15,000
	ELECTRONICS ART-STOCK	PS	10 TIMES	$1,001 - $15,000
	EXXON MOBIL CORP-STOCK	P	13 TIMES	$1,001 - $15,000
	FEDEX CORPORATION-STOCK	PS	4 TIMES	$1,001 - $15,000
	FORD 6.5% PFD CONV-STOCK	PS	8 TIMES	$1,001 - $15,000
	FORD MOTOR COMPANY-STOCK	PS	13 TIMES	$1,001 - $15,000
	FPL GROUP INC-STOCK	P	10 TIMES	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	GENETECH INC-STOCK	PS	12 TIMES	$1,001 - $15,000
	GENERAL DYNAMICS-STOCK	P	6 TIMES	$1,001 - $15,000
	GENERAL ELECTRIC CO-STOCK	PS	11 TIMES	$15,001 - $50,000
	GOLDMAN SACHS GROUP-STOCK	PS	10 TIMES	$1,001 - $15,000
	GOOGLE INC-STOCK	PS	8 TIMES	$1,001 - $15,000
	HSBC HOLDINGS PLC-STOCK	PS	23 TIMES	$15,001 - $50,000
	INCO LTD-STOCK	PS	12 TIMES	$15,001 - $50,000
	INTEL CORP-STOCK	S	16 TIMES	$15,001 - $50,000
	IBM-STOCK	P	9 TIMES	$1,001 - $15,000
	JOHNSON & JOHNSON-STOCK	P	6 TIMES	$1,001 - $15,000
	KLA-TENCOR CORP-STOCK	PS	16 TIMES	$1,001 - $15,000
	MGM MIRAGE-STOCK	PS	8 TIMES	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	MARATHON OIL CORP-STOCK	PS	4 TIMES	$15,001 - $50,000
	MCGRAW-HILL-STOCK	S	11 TIMES	$1,001 - $15,000
	MEDTRONIC INC- STOCK	PS	18 TIMES	$15,001 - $50,000
	MURPHY OIL CORP-STOCK	PS	17 TIMES	$15,001 - $50,000
	MICHIGAN ST GO UNLTD 4.5%-BOND	S	09-29-06	$250,001 - $500,000
	MICHIGAN MUNI BND AUTH REV-BOND	P	09-25-06	$15,001 - $50,000
	MICHIGAN ST TRUNK LINE REV-BOND	P	06-27-06	$50,001 - $100,000
	NYMEX HOLDINGS INC-STOCK	PS	6 TIMES	$50,001 - $100,000
	NESTLE SA ADR-STOCK	P	9 TIMES	$15,001 - $50,000
	NIKE INC-STOCK	PS	13 TIMES	$15,001 - $50,000
	OSHKOSH TRUCK CORP-STOCK	PS	11 TIMES	$1,001 - $15,000
	PAYCHEX INC-STOCK	PS	8 TIMES	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	PEABODY ENERGY CORP-STOCK	PS	30 TIMES	$15,001 - $50,000
	PROCTER & GAMBLE CO-STOCK	PS	10 TIMES	$1,001 - $15,000
	PULTE HOMES INC-STOCK	PS	16 TIMES	$1,001 - $15,000
	ROCKWELL AUTOMATION-STOCK	PS	14 TIMES	$15,001 - $50,000
	SANOFI-AVENTIS ADR-STOCK	PS	16 TIMES	$15,001 - $50,000
	SARA LEE CORP-STOCK	S	6 TIMES	$15,001 - $50,000
	SCHLUMBERGER LTD-STOCK	PS	8 TIMES	$1,001 - $15,000
	SHERWIN WILLIAMS-STOCK	PS	19 TIMES	$15,001 - $50,000
	ST JUDE MEDICAL-STOCK	PS	18 TIMES	$1,001 - $15,000
	STARBUCKS CORP-STOCK	P	10 TIMES	$1,001 - $15,000
	STREETTRACKS GOLD TRUST-STOCK	PS	16 TIMES	$15,001 - $50,000
	TARGET CORP-STOCK	PS	19 TIMES	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	TEVA PHARM IND ADR-STOCK	PS	22 TIMES	$15,001 - $50,000
	TORCHMARK CORP-STOCK	S	01-06-06	$1,001 - $15,000
	TOYOTA MOTOR ADR-STOCK	P	12 TIMES	$1,001 - $15,000
	TRANSOCEAN INC-STOCK	PS	18 TIMES	$15,001 - $50,000
	US BANCORP-STOCK	PS	12 TIMES	$15,001 - $50,000
	US TREASURY BILLS-BONDS	PS	56 TIMES	$1,000,001 - $5,000,000
	UTAH ST GO ULT -BOND	P	09-27-06	$15,001 - $50,000
	VALERO ENERGY CORP-STOCK	PS	16 TIMES	$15,001 - $50,000
	DISNEY CO-STOCK	PS	21 TIMES	$15,001 - $50,000
	UNIVERSITY OF MI REVS-BOND	S	11-03-06	$15,001 - $50,000
	WELLPOINT INC-STOCK	PS	14 TIMES	$1,001 - $15,000
	WHOLE FOODS INC-STOCK	PS	19 TIMES	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	WASHINGTON GO ULT REF-BOND	P	09-25-06	$50,001 - $100,000
	WINDSTREAM CORP-STOCK	PS	31 TIMES	$1,001 - $15,000
	YAHOO! INC-STOCK	PS	18 TIMES	$15,001 - $50,000
	ABBOTT LABORATORIES-STOCK	S	04-04-06	$1,001 - $15,000
	COMERICA BANK-STOCK	S	2 TIMES	$50,001 - $100,000
	DOW CHEMICAL COMPANY-STOCK	S	4 TIMES	$50,001 - $100,000
	ENERGY TRANSFER EQUITY LTD PTR	P	05-10-06	$15,001 - $50,000
	FORWARD AIR CORP-STOCK	P	09-27-06	$1,001 - $15,000
	HEWLETT PACKARD CO-STOCK	S	2 TIMES	$15,001 - $50,000
	ITC HOLDINGS CORP-STOCK	P	09-27-06	$1,001 - $15,000
	PFIZER INC-STOCK	S	05-10-06	$15,001 - $50,000
	SCHERING-PLOUGH CORP-STOCK	S	05/10/06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	IRA-ISHARES TRUST S & P 500 INDEX-STOCK	P	3 TIMES	$15,001 - $50,000
	IRA-ISHARES LEHMAN 7-10 TREASURY-STOCK	P	2 TIMES	$1,001 - $15,000
	IRA-ISHARES LEHMAN 1-3 TREASURY-STOCK	P	2 TIMES	$1,001 - $15,000
	IRA-ISHARES MSCI EAFE INDEX FD-STOCK	PS	3 TIMES	$1,001 - $15,000
	IRA-ISHARES MIDCAP 400 GROWTH IND-STOCK	PS	3 TIMES	$1,001 - $15,000
	IRA-ISHARES S& P MIDCAP 400 VALUE INDEX -STOCK	PS	3 TIMES	$1,001 - $15,000
	IRA-ISHARES DOW JONES US HEALTHCARE SECTOR INDEX -STOCK	PS	3 TIMES	$1,001 - $15,000
	IRA-ISHARES DOW JONES US CONSUMER GOODS SECTOR INDEX-STOCK	S	2 TIMES	$1,001 - $15,000
	IRA-SELECT SECTOR SPDR TRUST-HEALTH CARE-STOCK	P	2 TIMES	$1,001 - $15,000
	IRA-SECTOR SPDR TR CONSUMER STAPLES-STOCK	P	2 TIMES	$1,001 - $15,000
	IRA-SECTOR SPDR TR ENERGY-STOCK	PS	3 TIMES	$1,001 - $15,000
	IRA-SECTOR SPDR TR FINANCIAL-STOCK	PS	3 TIMES	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	IRA- SECTOR SPDR TR - INDUSTRIAL-STOCK	PS	10-25-06P 07/05/06S	$1,001 - $15,000
	IRA-SECTOR SPDR TR- TECHNOLOGY-STOCK	P	10/25/06	$1,001 - $15,000

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

HAND DELIVERED

(5)

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 AM 11:57

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

Christopher B. Cannon
(Full Name)

2436 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-7751
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative — State: UT District: 03	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you/your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5/15/07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Christopher B. Cannon

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or productionof income with a fair market value exceeding $1,000 at the end of the reportingperiod, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property e land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select thespecific investments) provide information on each asset in the accountthat exceeds the reporting threshold and the income earned fothe account. For an IRA or retirement plan that is not self-directed, namethe institution holding the account and provide its value at the end of tle reporting period. For an active business that is not publicly traded, à Block A state the nature of the business and its geographic location. Foradditional information, see instruction booklet for the reporting yea. Exclude: Your personal residence(s) (unless there is rentà income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived fromU.S. Government retirement programs. If you so choose, you may indicate that an asset or incomesource is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	Wells Fargo Bank Checking-Salt Lake City	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Zion's First National Bank Checking-Salt Lake City	$15,001 - $50,000	None	NONE	
	David Cannon Loan Rec-Salt Lake City	$100,001 - $250,000	INTEREST	NONE	
	Gary Ruse Loan Rec-Gordon, NE	$50,001 - $100,000	INTEREST	NONE	
	Cannon Industries, Inc. Loan Rec-Provo, UT	$1,000,001 - $5,000,000	INTEREST	$100,001 - $1,000,000	
	Joe Cannon Loan Rec-Provo, Ut	$250,001 - $500,000	INTEREST	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Christopher B. Cannon

	Automated Comm. Group/Brookline Salt Lake City, UT	$100,001 - $250,000	DIVIDENDS	NONE	
	Automated Comm. Group/Brookline (interest in shareholder litigation) Salt Lake City, Ut	indefinite	None	NONE	
JT	Zion's First National Bank Checking-Provo	$1,001 - $15,000	None	NONE	
	Terrace Falls Condo Salt Lake City, UT	$250,001 - $500,000	None	NONE	
	Farm/Heavy Equipment Mapleton, UT	$15,001 - $50,000	None	NONE	
	Sundance Lot Sundance, UT	$100,001 - $250,000	None	NONE	
	Cannon Industries, Inc. Stock-Provo, UT	$250,001 - $500,000	DIVIDENDS	NONE	

SCHEDULE V - LIABILITIES

Name Christopher B. Cannon

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	National City Mortgage, Orem Utah	Mortgage on Terrace Falls Condo, Salt Lake City, Utah	$100,001 - $250,000

SCHEDULE VIII - POSITIONS

Name Christopher B. Cannon

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
National Advisory Board Member	CAMIE (Character and Morality in Entertainment)
Advisory Committee	Scouting Legal Defense Fund
Advisory Board Member	Friends of Lake Powell, Inc.
Council Member	United States Holocaust Memorial Council
Executive Board Member	Utah National Parks Council - Boy Scouts of America
Board of Trustees	Center for the New West
Board of Trustees	Economic Development Corporation of Utah
Board of Directors Member	Solvenow.org, Inc.

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(Office Use Only)

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Eric Ivan Cantor
(Full Name)

6004 Oxbury Court Glen Allen, VA 23059
(Mailing Address)

202-225-2815
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: VA District: 7	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts–	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Eric Cantor	5/14/07

SCHEDULE I - EARNED INCOME

Name Eric Ivan Cantor

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Virginia College Savings Plan	Spouse Salary	N/A
Media General, Inc.	Spouse Director's Fee	N/A
Domino's Pizza Inc.	Spouse Director's Fee	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Advance Auto Parts Inc. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
Air France KLM Sponsored ADR	None	DIVIDENDS	$1 - $200	S
Alcoa Inc. Stock	$1,001 - $15,000	DIVIDENDS	NONE	P
Alltel Corporation Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
Altria Group Inc	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
American Balanced Fund/CollegeAmerica 529	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

Amgen Inc Stock	$1,001 - $15,000	DIVIDENDS	NONE	
Apartment Invt & Mgmt Co Pref 8%	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
API Frontier Growth Fund	$1,001 - $15,000	None	NONE	
API Frontier Income Fund	$1,001 - $15,000	None	NONE	
API Trust Growth Fund	$1,001 - $15,000	DIVIDENDS	NONE	
Archer Daniels Midland Company Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Ashland Inc stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Baldwin & Lyons Inc. Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
Bank of America bank accounts	$100,001 - $250,000	INTEREST	$1,001 - $2,500	
BB&T bank accounts	$1,001 - $15,000	INTEREST	$1 - $200	
Blackrock Preferred & Eq Advantage Fund	$1,001 - $15,000	DIVIDENDS	NONE	P
Boeing Company stock	None	DIVIDENDS	$1 - $200	S
Bond Fund of America/CollegeAmerica 529	$1,001 - $15,000	None	NONE	
Cameco Corporation stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Cantor & Cantor Note Receivable, Richmond, VA/Law Firm	$50,001 - $100,000	INTEREST	NONE	
	Capital Income Builder Fund/CollegeAmerica 529	$1,001 - $15,000	None	NONE	
	CBTCS for CIT 7.75% Pref stock	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	CBTCS Ser 2002-8 for Bell South 7% Pref Stock	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	CBTS Ser 2002-1 for Ber 8.125% due 12/15/2045 Pref stock	None	DIVIDENDS	$201 - $1,000	S
	Centerpoint Energy Inc stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Cepheid Stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Cerus Corporation stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Chubb Corporation stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CIT Group Inc. Pfd A stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Citizens Communications Company stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Clay County FL Housing Finance Authority Revenue Bond	$15,001 - $50,000	INTEREST	$1,001 - $2,500	S (partial)
	CLM Acceptance Co. stock, Richmond, VA/Account Factoring	None	Sub S Income	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	CLM Capital Co. stock, Richmond, VA/Account Factoring	$100,001 - $250,000	Sub S Income	$50,001 - $100,000	
	CLM Financial Co. Stock, Richmond, VA/Account Factoring	$1 - $1,000	Sub S Income	$1 - $200	
	Colonial High Income Mun Tr Sh Ben Int Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Consolidated Edison Inc stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Corporate Backed Tr Ctfs Ser 01-35 8% Corning Pfd Stk	None	INTEREST	$2,501 - $5,000	S
	Corporate Backed Trust Ctfs 03-10 7% due 11/15/2023 Pref stock	None	INTEREST	$201 - $1,000	S
	Discovery Holding Company stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Disney Walt Comp Common Stk	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Dominion Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Domino's Pizza Inc. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Domino's Pizza Inc. Stock Options	$50,001 - $100,000	None	NONE	
	Dreyfus Premier Florida Municipal Bond Fund Class A M/F	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	DuPont E.I. De Nemours & Co. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Ecology & Environment Inc Class A stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Encore Med Corporation stock	None	DIVIDENDS	NONE	S
	Federal National Mortgage Association Series 93-021 Class KA	$1,001 - $15,000	Other: Principal Payment	$201 - $1,000	
	First Eagle Global Fund	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500	
	Flaherty & Crmn/Clymr Pref Sec Com Shs Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	FPL Group Capital Inc Deb A 6.6% Pfd Stock	$15,001 - $50,000	INTEREST	NONE	P
	FPL Group Capital Trust I 5.875% Cum Tr Pfd Stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Franklin Federal Tax Free Income Fund Class A M/F	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Franklin Florida Tax Free Income Fund Class A M/F	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
	FTI Consulting Inc stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Gamco Investors Inc stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	General Motors Corporation stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Genesis Asset Managers Emerging Mkts Equity SMA	$15,001 - $50,000	None	NONE	
	Georgia Power Capital Tr VII 5.875% Pfd stock	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	GlaxoSmithKline PLC Sponsored ADR (United Kingdom)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Goldman Sachs Core Fixed Income Fund	$15,001 - $50,000	None	NONE	
	Goldman Sachs CORE Small Cap Equity Fund	$15,001 - $50,000	None	NONE	
	Goldman Sachs CORE U.S. Equity Fund	$15,001 - $50,000	None	NONE	
	Goldman Sachs Dwight Asset Mgt Stable Value SMA	$1,001 - $15,000	None	NONE	
	Goldman Sachs Financial Square Money Market Fund	$1,001 - $15,000	None	NONE	
	Goldman Sachs Group Inc stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Goldman Sachs High Yield Fund	$1,001 - $15,000	None	NONE	
	Goldman Sachs Large Cap Value Fund	$1,001 - $15,000	None	NONE	
	Goldman Sachs Mid Cap Value Fund	$15,001 - $50,000	None	NONE	
	Goldman Sachs Real Estate Securities Fund	$15,001 - $50,000	None	NONE	
	Goldman Sachs Short Duration Gov't Fund	$1,001 - $15,000	None	NONE	
	Growth Fund of America/CollegeAmerica 529	$1,001 - $15,000	None	NONE	
	Head N V NY Reg Sh (Netherlands)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Heinz HJ Company stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Heritage Cash Trust Money Market Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
	HSBC Holdings PLC ADR 6.2% Pfd Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	IDT Corporation Class B stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Inco Limited Stock (Canada)	$1,001 - $15,000	DIVIDENDS	$1 - $200	S (partial)
	Intel Corporation stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Investment Company of America fund/CollegeAmerica 529	$1,001 - $15,000	None	NONE	
	Jefferson Pilot Corporation stock (Lincoln National merger)	None	DIVIDENDS	$1 - $200	E
	John Hancock Preferred Income Fund Sh Ben Int	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
	Kanawha County WV Residential Mortgage Revenue Bond	None	INTEREST	$201 - $1,000	S
	Lawson Software Inc stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Liberty Global Inc Com Ser A stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Liberty Global Inc Com Ser C stock	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Liberty Media Holding Corp Cap Ser A common stock (formerly Liberty Media Corp New Com Ser A stock)	$1,001 - $15,000	DIVIDENDS	NONE	
	Liberty Media Holding Corp International Ser A common stock (formerly Liberty Media International Inc Com Ser A stock)	$1,001 - $15,000	DIVIDENDS	NONE	
	Lincoln National Corp Ind stock (Jefferson Pilot merger)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	E
	Lincoln National Corporation Cap Secs Pfd Stock	$1,001 - $15,000	INTEREST	$201 - $1,000	P
	Lord Abbott Global Income Fund Class A M/F	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Markel Corporation stock	$50,001 - $100,000	DIVIDENDS	NONE	
	Martin Currie International Growth Equity SMA (formerly T. Rowe Price International SMA)	$1,001 - $15,000	None	NONE	E
	Medarex Inc. Stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Media General Inc Class A stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Media General Inc Deferred Comp stock	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Merck & Company Inc stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Metromedia International Group Inc Prf Conv stock	$1,001 - $15,000	INTEREST	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	MFS Charter Income Tr Sh Ben Int Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Mirant Corp New stock	$15,001 - $50,000	DIVIDENDS	NONE	P
	Montpelier Re Holdings Limited stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Morgan Stanley Capital Trust III Pref stock	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	Morgan Stanley Emer Mkts Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	New Perspective Fund/CollegeAmerica 529	$1,001 - $15,000	None	NONE	
	Newcastle Invt Corp stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Newmont Mining Corporation stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	News Corporation Class A stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Nuveen Quality Pref Inc Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Omega Advisors, Inc. Multi-Market Hedge Fund	$15,001 - $50,000	None	NONE	
	Orange County FL Health Facilities Authority Revenue Bond, mand sink fund begins 11/15/2021	None	INTEREST	$1,001 - $2,500	S
	Pennsylvania RL Est Invt Tr REIT	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Pep Boys Inc stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Pequot Capital Management Inc. US Equity Hedge Fund	$1,001 - $15,000	None	NONE	
	PFD Plus Trust First Amerm Financl 7.55% due 4/1/2028 Pref stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Pfizer Inc stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Philadelphia PA Authority for Industrial Development Airport Revenue Bond	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Phoenix Multi-Sector Fixed Income Fund Class A M/F	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	PIMCO Global Bond Fund II	$1,001 - $15,000	None	NONE	
	Plum Creek Timber Company Inc REIT	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	PPLUS 7.65% for El Paso Corp Pref Plus Trust Pref Stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Preferredplus Trust UPC-1 7.4% Pfd stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Prime Group Realty Trust Pfd stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Public Storage 6.25% Series Z Cum Pfd Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Public Storage Inc Pfd stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Public Storage Series F 6.45% Cum Pfd Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Qualcomm Inc. Stock	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
	Raymond James & Assocs Cash Account	$1,001 - $15,000	INTEREST	$1 - $200	
	Reliant Energy Inc stock	$15,001 - $50,000	DIVIDENDS	NONE	
	RenaissanceRE Hldr Ltd 6.08% Perpetual Pfd Series C stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Richmond Resources, Ltd. Note Receivable, Richmond, VA/Real Estate Development	$100,001 - $250,000	INTEREST	NONE	
	Rio Tinto PLC Sponsored ADR (United Kingdom) stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Rite Aid Corporation Stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Royal Bank of Scotland PLC 6.4% Non cum perpet pref Ser M Amer Dep Shrs stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Royal Dutch Shell PLC Spons ADR A (Netherlands) stock (formerly Royal Dutch Petroleum Company NY Stock)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Russell 1000 Growth Index Fund (VRS)	$1,001 - $15,000	None	NONE	
	Russell 1000 Value Index Fund (VRS)	$1,001 - $15,000	None	NONE	
	San Juan Basin Realty Trust Unit Ben Int	$1,001 - $15,000	Royalty Distribution	$201 - $1,000	
	Sara Lee Corporation Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

	Schlumberger Limited stock (Netherlands Antilles)	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Selective Insurance Group Inc Jr Subordinated Notes	$15,001 - $50,000	INTEREST	$201 - $1,000	P
	Sirius Satellite Radio Inc Stock	$1,001 - $15,000	DIVIDENDS	NONE	
	SLM Corporation Sr Notes	$1,001 - $15,000	INTEREST	$201 - $1,000	P
	SLM Corporation stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	SSgA S&P 500 Index Fund	$1,001 - $15,000	None	NONE	
	St Joe Company stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Structured Asset Trust Unit Pfd stock	$15,001 - $50,000	INTEREST	$201 - $1,000	P
	Suntrust Banks Inc stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Target Corporation stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Targets Tr XXII Trgt Gwth Term Pfd stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	TCW Asset Management (Concentrated Growth Equity) SMA	$1,001 - $15,000	None	NONE	
	TCW Cowen Asset Management Small Cap Equity SMA	$15,001 - $50,000	None	NONE	
	Telephone & Data Systems Inc NT Ser A 7.6% Pfd Stk	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Telephone & Data Systems Inc SPL Com stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Telephone & Data Systems Inc. Stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Transocean Inc Ord (Cayman Islands) stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Trust CTFS 2001-1 AT&T TRUCS 7.45% Pref Stock	None	INTEREST	$201 - $1,000	S
	Trust CTFS Ser 2001-27 Royal Carib CBTCS 8 7/8% Pref stock	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
	TrustMor Mortgage Co. Stock, Richmond, VA/Mortgage Banking	$250,001 - $500,000	Sub S Income	$15,001 - $50,000	E (partial)
	United Dominion Realty Tr Inc REIT	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Unitil Corp Stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Unum Provident 7.25% Pines due 6/15/2032	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Van Kampen Municipal Income Fund Class A M/F	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Verizon Communications Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Virginia College Savings Plan 529 VEST accounts	$1,001 - $15,000	None	NONE	
	Virginia College Savings Plan 529 VPEP accounts	$15,001 - $50,000	None	NONE	
	Virginia Credit Union accounts	$100,001 - $250,000	INTEREST	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Virginia Retirement System Active Bond Fund	$1,001 - $15,000	None	$1 - $200	
	Virginia Retirement System Defined Benefit Plan	$50,001 - $100,000	None	NONE	
	Virginia Retirement System Income & Growth Fund	$15,001 - $50,000	None	NONE	
	Virginia Retirement System S&P 500 Index Fund	$1,001 - $15,000	None	NONE	
	Virginia Retirement System Small/Mid Cap Equity Index Fund	$1,001 - $15,000	None	NONE	
	Virginia Retirement System Stable Value Fund	$1,001 - $15,000	None	NONE	
	Vornado Realty Trust Pref Ser G 6.625%	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Wachovia Corp 2nd New stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Washington Mutual Investors Fund/CollegeAmerica 529	$1,001 - $15,000	None	NONE	
	Water Tower Associates, LLC stock, Richmond, VA/Real Estate Development	None	Partnership Income	NONE	E
	Webex Communications Inc stock	None	DIVIDENDS	NONE	S
	Western Asset Management Company Core Bond Plus Fund	$1,001 - $15,000	None	NONE	
	Weyerhauser Company Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Williams Companies Inc Del stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

Windstream Corp Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Alcoa Inc. Stock	P	12-07-06	$1,001 - $15,000
	Advance Auto Parts Inc. Stock	P	10-06-06	$1,001 - $15,000
	Air France KLM Sponsored ADR	S	12-07-06	$1,001 - $15,000
	Baldwin & Lyons Inc. Stock	P	7-11-06	$1,001 - $15,000
	Blackrock Preferred & Eq Advantage Fund	P	12-21-06	$1,001 - $15,000
	Boeing Company stock	S	10-27-06	$1,001 - $15,000
	CBTS Ser 2002-1 for Ber 8.125% due 12/15/2045 Pref stock	S	12-15-06	$1,001 - $15,000
	Clay County FL Housing Finance Authority Revenue Bond	S (p)	4-03-06 10-02-06	$1,001 - $15,000
	CLM Acceptance Co. Stock, Richmond, VA/Account Factoring	S	12-31-06	$1,001 - $15,000
	Corporate Backed Tr CtfsSer 01-35 8% Corning Pfd Stk	S	9-21-06	$15,001 - $50,000
	Corporate Backed Trust Ctfs 03-10 7% due 11/15/2023 Pref stock	S	10-25-06	$1,001 - $15,000
	Encore Med Corporation stock	S	11-06-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	FPL Group Capital Inc Deb A 6.6% Pfd Stock	P	9-22-06	$15,001 - $50,000
	HSBC Holdings PLC ADR 6.2% Pfd Stock	P	9-11-06	$1,001 - $15,000
	Inco Limited Stock (Canada)	S (p)	7-19-06	$1,001 - $15,000
	Jefferson Pilot Corporation stock	E	4-18-06	$1,001 - $15,000
	Lawson Software Inc stock	P	2-02-06	$1,001 - $15,000
	Intrawest Corp (Canada) stock	PS	3-24-06 10-31-06	$1,001 - $15,000
	Kanawha County WV Residential Mortgage Revenue Bond	S	9-01-06	$1,001 - $15,000
	Lincoln National Corporation Cap Secs Pfd Stock	P	4-17-06	$1,001 - $15,000
	Lincoln National Corp Ind stock	E	4-18-06	$1,001 - $15,000
	Hanesbrands Inc stock	PS&E	8-18-06 9-06-06 11-01-06	$1,001 - $15,000
	Mirant Corp New stock	P	3-28-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Montpelier Re Holdings Limited stock	P	12-07-06	$1,001 - $15,000
	Orange County FL Health Facilities Authority Revenue Bond, mand sink fund begins 11/15/2021	S	3-24-06	$50,001 - $100,000
	Pep Boys Inc stock	P	9-11-06	$1,001 - $15,000
	Prime Group Realty Trust Pfd stock	P	3-28-06	$1,001 - $15,000
	Public Storage Inc Pfd stock	P	10-25-06	$1,001 - $15,000
	Public Storage Series F 6.45% Cum Pfd Stock	P	2-02-06	$1,001 - $15,000
	Selective Insurance Group Inc Jr Subordinated Notes	P	10-27-06 12-07-06	$15,001 - $50,000
	SLM Corporation Sr Notes	P	3-28-06	$1,001 - $15,000
	Structured Asset Trust Unit Pfd stock	P	3-28-06	$15,001 - $50,000
	Martin Currie International Growth Equity SMA (formerly T. Rowe Price Foreign Equity Fund)	E	6-30-06	$1,001 - $15,000
	Trust CTFS 2001-1 AT&T TRUCS 7.45% Pref Stock	S	4-10-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Unitil Corp Stock	P	12-07-06	$1,001 - $15,000
	Windstream Corp Stock	P	7-18-06	$1,001 - $15,000
	Webex Communications Inc stock	S	6-06-06	$1,001 - $15,000
	Water Tower Associates, LLC stock, Richmond, VA/Real Estate Development (exchanged for additional investment in TrustMor Mortgage Co. Stock)	E	1-2-06	$250,001 - $500,000
	TrustMor Mortgage Co. Stock, Richmond, VA/Mortgage Banking (shares of Water Tower Associates stock exchanged for additional stock of TrustMor Mortgage Co.)	E	1-2-06	$250,001 - $500,000

SCHEDULE VIII - POSITIONS

Name Eric Ivan Cantor

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Virginia Holocaust Museum
Director (unpaid)	CLM Capital Inc.

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 AM 9:41

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A

For use by Members, officers, and employees

Shelley Moore Capito
(Full Name)

2 Comstock Place Charleston, WV 25314
(Mailing Address)

202-225-2711
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: WV District 02	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTION

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependant child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Shelley Moore Capito	5/14/07

689

SCHEDULE I - EARNED INCOME

Name Shelley Moore Capito

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Smith Barney	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	401(k) Citi Institutional Liquid Reserves	$100,001 - $250,000	DIVIDENDS	N/A	
SP	401(k) Citicorp Stock Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	N/A	
SP	401(k) Legg Mason Aggressive Growth Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	N/A	S
SP	401(k) Legg Mason Fundamental Value	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	N/A	
SP	401(k) Legg Mason Large Cap Growth	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	N/A	P
SP	401(k) S&P 500 Index Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	N/A	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

SP	401(k) Templeton Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	N/A	S
SP	Alliance Petroleum	$1,001 - $15,000	ROYALTIES	$201 - $1,000	
	BB&T Corp	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Bristol Meyers Squibb Co.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	BT Group plc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Charleston WV Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
DC	Chevron	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Cisco Systems	$1,001 - $15,000	DIVIDENDS	NONE	
	Cisco Systems	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Citigroup Capital Partners II	$1,001 - $15,000	DIVIDENDS/INTEREST/CAPITAL GAINS	NONE	P
SP	Citigroup Employee Fund of Funds, L.P.	$50,001 - $100,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$2,501 - $5,000	P
	Citigroup Inc.	$500,001 - $1,000,000	DIVIDENDS	$15,001 - $50,000	
DC	Citigroup Inc.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
SP	Citigroup Inc.	$1,000,001 - $5,000,000	DIVIDENDS/CAPITAL GAINS	$50,001 - $100,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

SP	Citigroup Nonqual. Options	$15,001 - $50,000	N/A	NONE	E
SP	Coca-Cola Co.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Duke Energy	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Edgewood Country Club	$1,001 - $15,000	N/A	NONE	
DC	Europacific Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Exxon Corp	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	Genereal Electric Co.	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
JT	Huntington Bancshares Inc.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Huntington Bancshares Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IBM Corp.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Intel Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
DC	Investment Co. Of America	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Investment Co. Of America	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S
SP	IRA-Amgen Inc.	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

SP	IRA-Coca-Cola Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-JPMorgan Chase	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA-Legg Mason Partners Large Cap Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	IRA-Middleburg Fin. Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Pfizer Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Procter & Gamble	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Smith Barney Money Fund Retirement Portfolio	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Time Warner	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Tyco Intl.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-United Parcel Service Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	JPMorgan Chase	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Merck	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Microsoft	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Middleburg Fin. Corp.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

SP	New Perspective Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Norfolk Southern Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Plug Power	$1,001 - $15,000	DIVIDENDS	NONE	S
SP	Proctor & Gamble Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	R-H Capital Partners, L.P.	$1,001 - $15,000	INTEREST/CAPITAL GAINS	$2,501 - $5,000	
JT	Residence, Lexington, VA	$100,001 - $250,000	None	NONE	
SP	Royal Dutch Petroleum Co.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Smith Barney Money Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Smith Barney Money Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Smith Barney Pension	$100,001 - $250,000	DIVIDENDS/INTEREST	N/A	
SP	SSB Capital Partners I, L.P.	$15,001 - $50,000	INTEREST/CAPITAL GAINS	$5,001 - $15,000	
	St. Paul Travelers	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	St. Paul Travelers	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
SP	Time Warner	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SP	TRV Employee Fund, L.P.	$1,001 - $15,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$2,501 - $5,000	
	Verizon Communications Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Vista Resources	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
	Walt Disney Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	WV General Obligation State Road Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
	WV Public Employees Retirement System	$1,001 - $15,000	INTEREST	N/A	
SP	WV State Infrastructure General Obligation Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	Other
SP	WV Water Development Authority Revenue Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
	WV Water Development Authority Revenue Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Shelley Moore Capito

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
SP	401(k) Legg Mason Large Cap Growth	P	8-14-06	$1,001 - $15,000
SP	Citigroup Employee Fund of Funds, L.P.	P	2-2-06	$1,001 - $15,000
SP	Citigroup Nonqual. Options	E	6-01-06 10-05-06 7-24-06 12-19-06	$1,001 - $15,000
SP	Investment Co. Of America	S	9-13-06	$1,001 - $15,000
SP	Plug Power	S	7-28-06	$1,001 - $15,000
SP	Citigroup Capital Partners II	P	8-14-06 12-11-06	$1,001 - $15,000
DC	Citigroup Inc.	S	4-17-06	$1,001 - $15,000
SP	401(k) Legg Mason Aggressive Growth Fund	S	8-14-06	$1,001 - $15,000
SP	WV State Infrastructure General Obligation Bond	Matur	11-01-06	$1,001 - $15,000
SP	401(k) Templeton Fund	S	2-9-06 5-2-06 8-14-06 11-20-06	$50,001 - $100,000

SCHEDULE IV - TRANSACTIONS

Name Shelley Moore Capito

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
SP	Citigroup Inc.	S	4-17-06 8-29-06 9-13-06 12-08-06	$100,001 - $250,000
SP	Federal Home Loan Bank	P	11-10-06	$1,001 - $15,000
SP	Federal Home Loan Bank	S	12-28-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Shelley Moore Capito

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
SP	Smith Barney	Margin Loan	$500,001 - $1,000,000
JT	CitiMortage	Home Loan	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Shelley Moore Capito

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Smith Barney Chairman's Council	Sept. 14-15	DC-White Sulpher Springs, WV-Charleston, WV	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name Shelley Moore Capito

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, direct r, trustee of an organizati n, partner, proprietor, representative, employee, or consultant of any corp rati n, firm, partnership, r any business enterprise, any nonprofit rganization, any labor organization, or any educational or other institution other than the Unit d States. Exclude: P itl ns h id in any religious, social, fraternal, r political entiti s; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organizatio
National Advisory Board Member	University of Charleston

FOOTNOTES

Name Shelley Moore Capito

Number	Section / Sch dule	Footnote	This not r fers to the following it m
1	Schedule III	Certain mutual funds previously labeled as Smith Barney funds have undergone a name change and are now listed as Legg Mason funds.	Smith Barney mutual funds
2	Schedule III	Tri Star Resources, which appeared on 2005 Schedule III, has been removed as a worthless security.	Tri Star Resources

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 14 PM 12:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Lois G. Capps
(Full Name)

1216 State Street, Suite 403
(Mailing Address)

Santa Barbara, California 93101

Daytime Telephone: 805-730-1710

Filer Status	[x] Member of the U.S. House of Representatives	State: California District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lois G. Capps	5-10-07

Name Lois G. Capps	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Augsburg Fortress Publishers	Book Royalties	$269
	HarperCollins Publishers	Book Royalties	515
	Taylor & Francis Group, LLC	Book Royalties	234
	Beacon Press	Book Royalties	47

For payments t charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lois G. Capps

Page 3 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

			Block A	Block B											Block C							Block D											Block E
				A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock					X								X										X							P
			Simon & Schuster			indefinite															Royalties									X			
			1st Bank of Paducah, KY accounts						X									X									X						
			Lois Capps IRA Custodian Accts:																														
			Amgen			X										X							X										
			Church & Dwight			X											X							X									
			Hewlett Packard			X											X							X									
			Lowes			X											X							X									
			Medtronic			X											X							X									
			Nokia			X											X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lois G. Capps

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Pitney Bowes			x											x							x										
	Standard Register			x											x							x										
	Sun Microsystems			x										x							x											
	Target Corp			x											x							x										
	US Bancorp			x											x							x										
	Washington Mutual			x											x							x										
	Xerox			x										x							x											
	Powershares Wilderhill			x											x							x										p
	Energy Portfolio			x											x							x										p
	Lois Capps Non-IRA accounts:																															
	Tax Exempt Fund of CA			x											x								x									
	Capital World Growth				x										x								x									s
	Dodge & Cox Balanced				x										x									x								
	Eaton Vance Tax Mng				x										x								x									
	GaTeway Fund				x										x								x									
	T Rowe Price Small Cap			x											x							x										
	Van Kampen Eq & Inc				x										x								x									
	Mid-State Bank-check			x													x					x										
	Mid-State Bancorp				x										x									x								
	ING Direct		x														x					x										
	Chartermac P'ship		x														x					x										
	Met Life				x										x								x									
	Studio Apartment									x						x										x						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lois G. Capps

SP, DC, JT	BLOCK A Asset and/or Income S urc	BLOCK B Year-End Valu of Asset											BLOCK C Type of Income						BLOCK D Am unt of Incom											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Congressional FCU		X											X						X											

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SCHEDULE IV — TRANSACTIONS

Name Lois G. Capps

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-06		X								
	Centurytel (IRA)		X		04-19-06	X									
	Maytag (IRA)		X		04-04-06	X									
	Powershares Wilderhill (IRA)	X			03-22-06	X									
	Energy Portfolio (IRA)	X			04-19-06	X									
	Capital World Growth		X		02-10-06	X									

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Name Lois G. Capps

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Santa Barbara Bank & Trust	Mortgage on: 1724 Santa Barbara St. Santa Barbara, CA 93101							X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

MICHAEL EVERETT CAPUANO
(Full Name)

172 CENTRAL STREET
(Mailing Address)

Daytime Telephone: 1-202-225-5111 OR 1-617-621-6208

Somerville, MA 02145

Filer Status	[X] Member of the U.S. House of Representatives — State: Massachusetts District: 8th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall b assessed against anyone who fil s m re than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] N [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] N [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] N [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] N [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5-15-07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only th source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	UHY Advisors, LLC Boston, MA	Spouse salary	NA
	Raphael + Raphael, LLP Boston, MA	Spouse Salary	NA
	CT+M, LLC Somerville, MA	Spouse Salary	NA
	YNZ, LLC Somerville, MA	Spouse Salary	NA
	Executor of Estate of Louis E. Rabaglia (UNCLE) Som, MA.	Executor Fees	10,000
	Trustee of Credit Shelter Trust - Helen Rabaglia (AUNT) Som, MA.	Trustee Fees	2,500

For payments to charity in lieu of honoraria, use Schedule II.

Name Michael E Capuano | Page 2 of 8

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities rec iving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Am unt
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	NOT APPLICABLE			

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Nam Michael E. Capuano | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, nam the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the ~~business, the nature of the business, and its~~ geographic location. For additional information, see the instruction booklet for the reporting y ar.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value f Asset at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount f Income

For r tir ment plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

			Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock					X								X										X								P
			Simon & Schuster			Indefinite															Royalties									X			
			1st Bank of Paducah, KY accounts						X									X									X							
JT	172 Central St, Somerville, MA										X							X			Repres 100% 27% Rental						X							
JT	Hidden Valley, Tuftonboro, NH								X									X			Res. rental 2nd home sporadic Rental						X							
JT	East Camb Sav Bk, Som MA					X															Money Mkt		X											
JT	Som Fed. CU, Som MA						X														Savings Acct.			X										
JT	Congressional FCU, Washington DC				X																Checking Savings		X											
JT	Winterhill Bk, Som MA.							X													Money Mkt Acct.			X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael E. Capuano

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/ r Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type f Inc me: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	BUSINESS OR PROFESSIONAL INCOME	TRUST	Other Type of Income (Specify)	BLOCK D Am unt f Income: I None	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X $5,000,001 - $25,000,000	XI Over $25,000,000	BLOCK E Transaction P, S, E
	SBLI-Term Life							X						X							Term Life Ins.												
SP	CT+M, LLC, Sam MA					X											X				Interest + Passive Inc				X								
	Nationwide - Am Cent. Ultra Fd			X																	457(b) Plan												
	Nationwide - Putnam Voyager Fd			X																	457(b) Plan												
	Nationwide - Templeton For Fd			X																	457(b) Plan												
	Nationwide - Fd. Contra Fd			X																	457(b) Plan												
SP	Nestegas - Windward Aggressive					X															IRA												
SP	Nestegas - Fid Cash Reserves			X																	IRA												
SP	BISYS - GE INT'L EQUITY FD			X																	IRA												
SP	BISYS - Oppenheimer Dev. MKTS FD			X																													
SP	Fid Inv - Ariel Apprec. Fd			X																	IRA												
SP	Fid Inv - Ariel Fd			X																	IRA												
SP	Fid Inv - Fam VAlues			X																	IRA												
SP	Fid Inv - Fid Cash Res.		X																		IRA												
SP	Fid Inv - Fid Contra Fd			X																	IRA												
SP	Fid Inv - Fid Exp + Mkt				X																IRA												
SP	Fid Inv - Fid Int'l Disc.				X																IRA												
SP	Fid Inv - Fid Balanced Fd.			X																	IRA												
SP	Fid Inv - Fid Select Nat'l Gas				X																IRA												
SP	Fid Inv - FPA Crescent Inst			X																	IRA												
SP	Fid Inv - Van Kampen G+E Fd			X																	IRA												
SP	Fid Inv - Royce Total Ret Fd			X																	IRA												
SP	Fid Inv - T Rowe Price Cap.			X																	IRA												

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SCHEDULE IV — TRANSACTIONS

Name Michael E. Capuano

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type f Transacti n			Date	Amount of Transacti n									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								
		NONE														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Bank of Am Gotuille, NY	Mtg on Tuftonboro NH Prop		X								
JT	Winter Hill Bank Som, MA	Mtg on Central St Prop				X						
JT	Century Bank	Home Equity - Central St Prop		X								
SP	Winter Hill Bank Som MA	Mtg on CT + M 1/6 Liable + Joint Sarah			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of xpenses provided for travel and travel-related expenses totaling mor than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
			NONE				

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Dat	Parties To	Terms of Agreement
	NONE	

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A Page 1 of 14
For use by Members, officers, and employees

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NC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Dennis A. Cardoza
(Full Name)

435 Cannon House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-6131
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: CA District: 18	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 14, 2007

SCHEDULE I - EARNED INCOME

Name Dennis A. Cardoza

List the source, type, and am unt of earned income from any source (other than the fil r's current mployment by the U.S. Governm nt) totaling $200 or more during the preceding calendar year. F r a spouse, list the source and am unt of any honoraria; list nly the source for other spous earned income exceeding $1,000.

Source	Type	Amount
Merced Faculty Associates	Spouse's Income	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i. ., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transacti n** Indicate if asset had purchases (P), sales (S), r exchanges (E) exceeding $1,000 in reporting year.
	Abercrombie & Fitch Stock	None	CAPITAL GAINS	$201 - $1,000	S
	Activision Inc. Stock	None	None	NONE	S
	Advanced Micro Devices Stock	None	CAPITAL GAINS	$2,501 - $5,000	S
	Alcoa Inc. Stock	None	CAPITAL GAINS	$201 - $1,000	S
	Allianz NFJ Dividend Value Fund Shares	None	Capital Gains	$1,001 - $2,500	S
	Bank of America (Checking and Savings Accounts)	$15,001 - $50,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

	Bank of America Stock	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	PS
	Best Buy Inc. Stock	None	CAPITAL GAINS/DIVIDENDS	$5,001 - $15,000	S
	Capital Corp of the West Stock	None	DIVIDENDS	$1 - $200	S
	Capital Corp. of the West Stock (held in IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	~~Cendant Corp. Stock~~	~~None~~	~~CAPITAL GAINS~~	~~$1 - $200~~	~~S~~
	Charles Schwab Bank Account	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
	Coldwater Creek Inc. Stock	None	CAPITAL GAINS	$2,501 - $5,000	S
	Conexant Systems Inc. Stock	None	None	NONE	PS
	Cynosure Inc. Stock	None	None	NONE	S
	Evergreen Solar Inc. Stock	None	None	NONE	PS
	Fuelcell Energy Inc. Stock	None	None	$201 - $1,000	S
	General Electric Co. Stock	None	Dividends	$1 - $200	S
	Greatbatch Inc. Stock	None	None	NONE	S
	Hewlett-Packard Company Stock	None	Dividends/CAPITAL GAINS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

	ICON Energy Fund	Non	Sale of Shares	$2,501 - $5,000	S
	Intel Corp. Stock	None	None	NONE	PS
	JDS Uniphase Corp. Stock	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	PS
	Lucent Technologies Inc. Stock	None	None	NONE	S
	Micron Technology Inc. Stock	None	None	NONE	S
	Microsoft Corp. Stock	None	None	NONE	PS
	Motorola Inc. Stock	None	Dividends	$1 - $200	S
	NASDAQ Stock	None	Dividends/CAPITAL GAINS	$201 - $1,000	PS
	National Semiconductor Corp. Stock	None	CAPITAL GAINS/DIVIDENDS	$201 - $1,000	S
	Newell Rubbermaid Inc. Stock	None	None	NONE	PS
	Nortel Networks Stock	None	CAPITAL GAINS	$1 - $200	S
	PMC Sierra Inc. Stock	None	CAPITAL GAINS	$201 - $1,000	S
	Sanofi Aventis ADR	None	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	PS
	Schwab Technology Fund Shares	None	None	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis A. Cardoza

	Sirius Satellite Radio Stock	None	None	NONE	PS
	Solectron Corp. Stock	None	CAPITAL GAINS	$1,001 - $2,500	PS
	Suntech Power Holdings Co. Stock	None	CAPITAL GAINS	$5,001 - $15,000	S
	TD Ameritrade Holding CP Stock	None	CAPITAL GAINS	$201 - $1,000	PS
	Texas Instruments Inc. Stock	None	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	PS
	The Charles Schwab Corp. Stock	None	CAPITAL GAINS	$1 - $200	S
	United Microelectron Stock	None	None	NONE	S
	Verisign Inc. Stock	None	None	NONE	S

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchase, sale or xchange by you, your spouse, or depend nt child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities wh n the amount of the transaction or series f transactions exceeded $1,000. Includ transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Abercrombie & Fitch Stock	S	1-6-06	$1,001 - $15,000
	Newell Rubbermaid Inc. Stock	P	1-5-06	$15,001 - $50,000
	~~Bank of America Stock~~	~~P~~	~~1-10-06~~	~~$15,001 - $50,000~~
	Cendant Corporation Stock	S	1-6-06	$1,001 - $15,000
	Intel Corporation Stock	P	1-6-06-	$1,001 - $15,000
	Verisign Stock	S	1-6-06	$1,001 - $15,000
	Advanced Micro Devices Stock	S	1-6-06	$1,001 - $15,000
	Conexant Systems Inc. Stock	P	1-6-06	$1,001 - $15,000
	Microsoft Corp. Stock	P	1-6-06	$1,001 - $15,000
	Newell Rubbermaid Inc. Stock	S	1-6-06	$1,001 - $15,000
	Charles Schwab Corp. Stock	S	1-9-06	$1,001 - $15,000
	National Semiconductor Corp. Stock	S	1-9-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchas , sale or xchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the am unt of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Newell Rubbermaid Inc. Stock	S	1-9-06	$1,001 - $15,000
	Activision Inc. Stock	S	1-9-06	$1,001 - $15,000
	~~Greatbatch Inc. Stock~~	~~S~~	~~1-9-06~~	~~$1,001 - $15,000~~
	General Electric Company Stock	S	1-10-06	$15,001 - $50,000
	Alcoa Inc. Stock	S	1-10-06	$1,001 - $15,000
	Hewlett Packard Company Stock	S	1-10-06	$1,001 - $15,000
	Cynosure Inc. Cl A Stock	S	1-10-06	$1,001 - $15,000
	Intel Corp. Stock	P	1-10-06	$1,001 - $15,000
	Evergreen Solar Inc. Stock	P	1-12-06	$1,001 - $15,000
	United Microelectron Stock	S	1-12-06	$1,001 - $15,000
	Conexant Systems Inc. Stock	P	1-12-06	$1,001 - $15,000
	Lucent Technologies Inc. Stock	S	1-13-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchase, sale or exchange by y u, y ur spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Nortel Networks Stock	S	1-13-06	$1,001 - $15,000
	Evergreen Solar Inc. Stock	S	1-13-06	$1,001 - $15,000
	~~Suntech Power Holdings Co. Stock~~	~~S~~	~~1-17-06~~	~~$1,001 - $15,000~~
	Conexant Systems Inc. Stock	P	1-17-06	$1,001 - $15,000
	NASDAQ Stock	P	1-17-06	$15,001 - $50,000
	JDS Uniphase Corporation Stock	P	1-17-06	$1,001 - $15,000
	Microsoft Corp. Stock	S	1-19-06	$15,001 - $50,000
	TD Ameritrade Holding CP Stock	P	1-26-06	$15,001 - $50,000
	Texas Instruments Inc. Stock	P	1-26-06	$15,001 - $50,000
	Micron Technology Inc. Stock	S	1-26-06	$1,001 - $15,000
	P M C Sierra Inc. Stock	S	1-26-06	$1,001 - $15,000
	Intel Corp. Stock	S	1-27-06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchase, sale or exchange by y u, your spous , or d pendent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Motorola Inc. Stock	S	1-30-06	$1,001 - $15,000
	Evergreen Solar Inc. Stock	P	1-30-06	$1,001 - $15,000
	~~Evergreen Solar Inc. Stock~~	S	2-1-06	$1,001 - $15,000
	Fuelcell Energy Inc. Stock	S	2-1-06	$1,001 - $15,000
	JDS Uniphase Corporation Stock	P	2-2-06	$1,001 - $15,000
	Solectron Corp. Stock	P	2-2-06	$1,001 - $15,000
	Conexant Systems Inc. Stock	P	2-3-06	$1,001 - $15,000
	Coldwater Creek Inc. Stock	S	2-7-06	$15,001 - $50,000
	B st Buy Inc. Stock	S	2-10-06	$50,001 - $100,000
	Bank of America Corp. Stock	P	2-15-06	$15,001 - $50,000
	Sanofi Av ntis ADR Stock	P	2-15-06	$15,001 - $50,000
	NASDAQ Stock	S	2-27-06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Dennis A. Cardoza

Report any purchase, sale r exchange by you, your spouse, or dependent child during the reporting year f any real property, stocks, b nds, commodities futures, or other securities when the am unt of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Allianz NFJ Dividend Value Fund Shares	S	3-13-06	$15,001 - $50,000
	Schwab Technology Fund Shares	S	3-13-06	$15,001 - $50,000
	TD Ameritrade Holding CP Stock	S	4-7-06	$15,001 - $50,000
	Solectron Corp. Stock	S	4-12-06	$15,001 - $50,000
	Texas Instruments Inc. Stock	S	4-12-06	$15,001 - $50,000
	Sirius Satellite Radio Stock	P	5-25-06	$1,001 - $15,000
	Sirius Satellite Radio Stock	S	6-14-06	$1,001 - $15,000
	JDS Uniphase Corporation Stock	S	6-27-06	$1,001 - $15,000
	Conexant Systems Inc. Stock	P	6-27-06	$1,001 - $15,000
	Sanofi Aventis ADR Stock	S	7-27-06	$50,001 - $100,000
	Bank of America Corp. Stock	S	8-10-06	$50,001 - $100,000
	ICON Energy Fund Shares	S	8-24-06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Nam Dennis A. Cardoza

Report any purchase, sale or ex hange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, r other securities when the amount of the transa tion or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Capital Corp. Of the West Stock	S	9-27-06	$15,001 - $50,000
	Conexant Systems Inc. Stock	S	12-29-06	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Nam Dennis A. Cardoza

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, r dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all r part of it is rented ut); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, r sibling of you r your spouse. Report "revolving charge a ounts" (i. ., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	River City Bank (home improvement)	Loan	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Dennis A. Cardoza

Identify the source and list travel itinerary, dates, and nature of xpenses provided for travel and travel-related xpenses totaling more than $305 received by you, your spouse, or a d pendent child during the reporting period. Indicate whether a family member accompanied the traveler at th sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor' expense
Congressional Economic L adership Inst., Wm. & Flora Hewlett Foundation, American Airlines, Merck, Unilever, Allianz, AIG, Embraer-Meetings with World Trade Org. Officials re trade negotiations and meetings with senior UN officials re trade & hunger	Nov. 24-Dec.2	Fresno-Rome, Italy-Geneva,Switzerland-Washington DC	Y	Y	Y	2 days

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

John Russell Carnahan
(Full Name)
1710 Longworth HOB
Washington D.C. 20515
(Mailing Address)
Daytime Telephone: 202-225-2671

Filer Status	[X] Member of the U.S. House of Representatives — State: Missouri District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5-15-07

Name	Carnahan	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. Government, House of Representatives	salary	$162,479.33
	City of St. Louis, Municipal Court	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Carnahan

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retir ment plan that is not self-directed, name th institution holding the account and provid its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirem nt plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: Mega Corp. Stock	SP					X								X										X									P
	Simon & Schuster			Indefinite																	Royalties									X				
	1st Bank of Paducah, KY accounts							X									X										X							
JT	Family Farm, Rolla, Mo							X							X							X												
JT	Carnahan Inv. LLC Comm. Bld., Rolla, MO					X											X								X									
JT	Rental Prop. Jefferson City, Mo.						X										X					X												
JT	St. Louis Comm. Cr. Un. Checking & Savings				X													X					X											
JT	Thrift Savings Plan Birmingham, AL					X												X							X									

For additional assets and un arned inc me, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carnahan

SP. DC. JT	BLOCK A Asset and/or Income S urce	BLOCK B Year-End Value of Asset												BLOCK C Type f Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name Carnahan | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								

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Name Carnahan | Page 7, 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Mo. State Cr. Un., Jefferson City, Mo	mortgage on rental prop. 716 Cliff St. J.C. Mo			X							
JT	Royal Bank, St. Louis, Mo	mortgage on farm house Rolla, Mo.		X								
SP	Sallie, Wilkes-Barre, PA	student loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Us additi nal sheets if mor space is required.

Name Carnahan | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Alliance for Health Reform	Jan 12-14	St. L - Adventura FL - St. L	Y	Y	Y	None
	Cong. Study Group on Germany US Assoc. of Frm. Mbrs of Cong	Jan 2-5	St. L - Nantucket MA - St. L	Y	Y	Y	None

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
member	Carnahan Farms LLC / Carnahan Inv. LLC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employ

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 4:33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(H)

MC HAND DELIVERED
(Office Use Only)

CARNEY, CHRISTOPHER PAUL
(Full Name)

P.O. BOX 38, DIMOCK, PA 18816
(Mailing Address)

202-225-3731
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives. State: PA District: 10	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☑	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Christopher P. Carney	5/15/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PENN STATE UNIVERSITY	SALARY	$28,104.30
	NAVY RESERVE	DRILL/ACTIVE PAY	$8954
	CARNEY FOR CONGRESS	STIPEND	$20,000

For payments to charity in lieu of honoraria, use Schedule II.

Name CARNEY, CHRISTOPHER P. | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction
SP	Mega Corp. Stock					X								X																		P
DC, *Examples:*	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	PNC BANK					X											X								X							
	TIAA-CREF						X								NA							NA										

F r additional assets and un arned incom , use next page.

Name CARNEY, CHRISTOPHER P. Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	PNC BANK	MORTGAGE ON REAL PROPERTY	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclud : Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if m re space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY -2 PM 5:19 (4)

MC
(Office Use Only)

Julia M. Carson
(Full Name)

2530 N. Park Ave
Indianapolis, IN 46205
(Mailing Address)

202-225-4011
317-926-7696
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: INDIANA District 7th	[ ] Officer or Employee	Employing Office:
Rep rt Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, c mplete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If y s, c mplete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, c mplete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, c mplete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and th appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Julia Carson	5/2/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Indiana Legislative Retirement	Legislative Pension	$6,000 -
	State of Indiana Public Employees Retirement Fund	Retirement Fund	$15,000 -

F r payments to charity in lieu of honoraria, use Schedule II.

Name Julia Carson | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B											Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X							P
DC	Simon & Schuster		Indefinite																	Royalties									X		
JT	1st Bank of Paducah, KY accounts						X									X									X						
	Cummins Engine Company Inc			X										X							X										
	Congressional Federal Credit Union	X														X					X										
	Keybank National Association	X														X					X										

For additional assets and unearned income, use next page.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	1) American Bar Association Forum on Affordable Housing and Community Development Law	2/23-2/24	Ind - St. Louis - IND	Y	N	N	None (she paid for meals)
	2) The Humpty Dumpty's Institute's 17th Congressional Delegation to UNHQ	3/13	DCA - NYC - DCA	N	Y	N	None
	3) CBC Political Education + Leadership Institute's Tunica Policy Conference	8/11 - 8/13	IND - MEM - IND	Y	Y	N	2 days (flight + Meals)

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HAND DELIVERED

...VE RESOURCE CENTER

2007 MAY 23 AM 10: 14

MC ... OF THE CLERK
(OFFICE USE ONLY) ...REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Memb rs, officers, and employees

John Carter
(Full Name)

408 CHOB Washington, DC 20515
(Mailing Address)

202-225-3864
Daytime Telephone:

Fil r Status	☑ Member of the U.S. House of Representatives	State: TX District: 31	☐ Officer Or Employee — Employing Office:
Rep rt Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, c mplete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts--	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon writt n application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Carter	May 23, 2007

SCHEDULE I - EARNED INCOME

Name John Carter

List the source, type, and amount of earned income from any sourc (other than th filer's current employment by the U.S. G vernment) totaling $200 or more during the preceding calendar year. F r a spous , list the source and amount f any hon raria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
TEXAS JUDICIAL RETIREMENT SYSTEM	JUDICIAL PENSION	$77,466.60

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Carter

BLOCK A **Asset and/or Incom Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provid an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Inc me** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Incom** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
EXXON STOCK (COMB)	$1,000,001 - $5,000,000	DIVIDENDS	$15,001 - $50,000	

SCHEDULE IV - TRANSACTIONS

Name John Carter

Report any purchase, sale r x hange by you, your spouse, r dependent child during the reporting year f any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transacti ns that resulted in a loss. Do n t report a transaction between you, your spouse, r your dependent child, or the purchase r sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	EXXON MOBIL CORP	S	02-16-06	$100,001 - $250,000

SCHEDULE V - LIABILITIES

Nam John Cart r

Report liabilities of over $10,000 owed to any ne creditor at any time during the reporting period by you, your spouse, or dependent hild. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by autom biles, h usehold furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i. ., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	UNION STATE BANK OF FLORENCE, TX	BANK LOAN	$50,001 - $100,000
	SALLIE MAE (COMB)	STUDENT LOANS	$100,001 - $250,000

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 4:52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

MC 2✓

Michael N. Castle
(Full Name)

2001 Kentmere Place Wilmington, DE 19806
(Mailing Address)

302-428-1902
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative — State: DE, District: 01	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael N. Castle	May 15, 2007

SCHEDULE I - EARNED INCOME

Name Michael N. Castle

List the source, type, and am unt of arned income fr m any s urce (oth r than the filer's current mployment by the U.S. Government) totaling $200 or m re during the preceding calendar year. F r a spouse, list the s urc and amount of any honoraria; list nly the source for other spous am d inc me xceeding $1,000.

Source	Type	Amount
State of Delaware	Pension	$38,666.82

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

BLOCK A **Ass t and/or Income Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds th reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Incom** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
14 George Street, Dewey Beach, DE (Note: for the above, gross rental only and does not reflect expenses)	$500,001 - $1,000,000	RENT	$15,001 - $50,000	N/A
224A Justice Court, Washington, DC (Note: for the above, gross rental only and does not reflect expenses)	$100,001 - $250,000	RENT	$5,001 - $15,000	N/A
4566 Parkside Drive Kiawah Island, SC	$250,001 - $500,000	RENT	$5,001 - $15,000	N/A
Aegis Value Fund	$50,001 - $100,000		NONE	S
Legg, Mason Capital Opportunity Fund	$50,001 - $100,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Dodge & Cox Balanced Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
	Fidelity Tax Free Money Market	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Cohen & Steers Realty	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
	Boston Partners Small Cap Value II	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	FPA Crescent Inst. Shares	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
	Heartland Value Fund	$15,001 - $50,000		NONE	S
	Hennessy Focus 30 Fund	$15,001 - $50,000		NONE	P
	Marsico Focus Fund	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000	
	Oakmark Global Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	P
	Weitz Partner Value Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
	Wm. Blair Small cap Growth Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Vanguard Prime Money Market Fund	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
	Vanguard Inter-Term Tax Exemp Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Vanguard Capital Value Fund	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Vanguard Health Care Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Vanguard Inflation Protected Securities Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Vanguard Emerging Markets Vipers	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Vanguard PRIMECAP Core Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Evergreen Money Market Fund	$1 - $1,000	DIVIDENDS	$1 - $200	
	Apache Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Caci Intl Inc.	$1,001 - $15,000		NONE	
	CRA International Inc. Formerly Charles River Associates	$1,001 - $15,000		NONE	
	Ebay, Inc.	$1,001 - $15,000		NONE	
	Electronic Arts Inc.	$1,001 - $15,000		NONE	
	FiServ, Inv.	$1,001 - $15,000		NONE	P
	Grant Prideco Inc.	$15,001 - $50,000		NONE	
	iShares MSCI Canada	$15,001 - $50,000		NONE	P
	International Game Technology	$1,001 - $15,000		NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	MLM Index Fund Enhanced Ser	$50,001 - $100,000		NONE	S
	Gemstar TV Guide	$1,001 - $15,000		NONE	
	Home Depot, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	II-VI Inc.	$1,001 - $15,000		NONE	
	Integrated Device Technologies	$1,001 - $15,000		NONE	S
	Amgen, Inc.	$15,001 - $50,000		NONE	P
	L3 Communications	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Powershares Zacks Micro Cap Portfolio	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Symantec Corp	$1,001 - $15,000		NONE	
	PR Electric Power due 7-1-17 Zero Coupon	$1,001 - $15,000	INTEREST	$201 - $1,000	
	DE State Economic Development Author. Due 5-1-07	$1,001 - $15,000	INTEREST	$201 - $1,000	
	DE EDA Hospital Revenue Riverside Zero Coupon due 1-1-06	$1,001 - $15,000	INTEREST	$201 - $1,000	Redeemed
	DE General Obligation due 5-1-07	$1,001 - $15,000	INTEREST	$1 - $200	
	BCE Inc. (IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Equity Office Prop. (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Intel Corp. (IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Kimco Realty Corp. (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	S (partial)
	Oracle Corp (IRA)	$1,001 - $15,000		NONE	S
	Plum Creek Timber (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Valero Energy (IRA)	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	
	Fidelity Floating Rate High Income	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Artisan Mid Cap Value (IRA)	$15,001 - $50,000		NONE	
	Bridgeway Aggressive Investor 2 Fund (IRA)	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000	
	Excelsior Value & Restructuring (IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Janus Mid-Cap Value (IRA)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Columbia High Yield (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Columbia Acorn Select Class Z (IRA)	$15,001 - $50,000	CAPITAL GAINS	$1 - $200	
	iShares Inc. MSCI S. Korea Index Fund (IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Oakmark International (IRA)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Oakmark Equity & Income (IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Dodge & Cox International Stock Fund (IRA)	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Pimco Commody Real Return CLA Strategy (IRA)	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Pimco Total Return Class D (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Pimco Emerging Markets Bond (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Muhlenkamp Fund (IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Fidelity Cash Reserves (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Flextronics Intl. Ltd.	$1,001 - $15,000		NONE	S
	Cortex Pharmaceuticals	$1,001 - $15,000		NONE	S
	Arotech Corp.	$1 - $1,000		NONE	S
	Valeant Pharmaceuticals Intl.	$1,001 - $15,000		NONE	P
SP	Morgan Stanley Liquid Asset Fund (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Morgan Stanley Pacific Growth Fund (IRA)	$1,001 - $15,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

SP	Morgan Stanley European Equity Fund (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Morgan Stanley American Oppor. (IRA)	$1,001 - $15,000		NONE	
SP	Morgan Stanley Dividend Growth Securities (IRA)	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Alger Mid Cap Growth	$1,001 - $15,000		NONE	
SP	Fidelity Diver Intl.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Fidelity Equity Inc. II	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	MSI Sm. Co. Growth B	$1,001 - $15,000		NONE	
SP	Fid. Mdg. Inc. Port	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Vanguard Money Market Reserve Prime Portfolio	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Janney Montgomery Scott Money Market (inherited by Jane Castle upon her mother's death 9-30-06)	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	Other
SP	Altria Group Inc. (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	DIVIDENDS	$1 - $200	Other
SP	Blackrock Income Trust (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	Other
SP	Citigroup, Inc. (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	DIVIDENDS	$1 - $200	Other

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

SP	General Electric Company (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	DIVIDENDS	$1 - $200	Other
SP	Morgan Stanley Insured Mun. Secur. (inherited by Jance Castle upon her mother's death 9-30-06)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	Other
SP	Nuveen Municipal Value Fund (inherited by Jance Castle upon her mother's death 9-30-06)	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	Other
SP	Putnam Premier Income Trust ~~SBI~~ (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	DIVIDENDS	$1 - $200	Other
SP	Wilmington Trust Corp (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	DIVIDENDS	$1 - $200	Other
SP	Franklin Income Fund (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	Other
SP	Puerto Rico Mun Financial Author. 4.75 % CD due 8/01/22 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	General Motors Accept. Corp. 5.125 % CD due 5/09/08 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Ford Motor Credit Co. 5.19% CD due 6/20/08 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Micha I N. Castle

SP	Discover Bank Greenwood DE CD due 5/4/07 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Discover Bank Greenwood DE CD due 8/24/07 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Washington Mutual Bank CD due 8/31/07 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Westernbank PR CD due 2/4/08 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Discover Bank Greenwood CD due 5/5/08 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Lehman Bros. Bank CD due 6/30/06 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	BMW Bank North America CD due 10/06/08 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Washington Mutual Bank CD due 11/12/08 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

SP	First Bank Puerto Rico CD due 3/23/09 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Discover Bank Greenwood CD due 8/11/09 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Lehman Bros. Coml Bank CD due 10/26/09 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Countrywide Bank Alexandria VA CD due 2/10/10 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Lehman Bros. Bank CD due 3/22/10 (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Janney Montgomery Scott Money Market (Arthur DiSabatino [DECD] IRA) (inherited by Jane Castle upon her mother's death 9-30-06)	$15,001 - $50,000	INTEREST	$201 - $1,000	Other
SP	Westernbank Puerto Rico CD due 1/16/07 (Arthur DiSabatino [DECD] IRA) (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	BMW Bank North America CD due 3/15/07 (Arthur DiSabatino [DECD] IRA) (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Nam Michael N. Castle

SP	Washington Mutual Bank CD due 8/31/07 (Arthur DiSabatino [DECD] IRA) (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Providian Nat'l. Bank CD due 8/11/08 (Arthur DiSabatino [DECD] IRA) (inherited by Jane Castle upon her mother's death 9-30-06)	$1,001 - $15,000	INTEREST	$1 - $200	Other
	T. Rowe Price Variable Annuity	$100,001 - $250,000		NONE	
	Trust U/A 8-25-41, James M. Castle Trust #1, 16.66% Allocable share of trust income per K-1	N/A	DIVIDENDS	$1,001 - $2,500	
	JMC Trust #1 Wachovia PT Money Market	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #1 Evergreen Core Bond Fund	$50,001 - $100,000	As noted above	As noted above	
	JMC Trust #1 Evergreen Large Cap Equity Fund	$100,001 - $250,000	As noted above	As noted above	
	Trust U/A 1-21-53 James M. Castle Trust #3, 16.66% interest Allocable share of trust income per K-1	N/A	DIVIDENDS	$5,001 - $15,000	
	JMC Trust #3 Wachovia PT Money Market	$1 - $1,000	As note above	As note above	
	JMC Trust #3 Evergreen Core Bond Fund	$50,001 - $100,000	As note above	As note above	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	JMC Trust #3 Diageo PLC Sponsored ADR	$1 - $1,000	As note above	As note above	
	JMC Trust #3 DuPont Co.	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 General Electric	$15,001 - $50,000	As note above	As note above	
	JMC Trust #3 Coca Cola	$1 - $1,000	As note above	As note above	
	JMC Trust #3 H.J. Heinz Co.	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 Proctor & Gamble co.	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 Ford Motor Co	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 Home Depot	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 Intel Corp.	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 Motorola Inc.	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 Wyeth	$15,001 - $50,000	As note above	As note above	
	JMC Trust #3 Bristol Myers Squibb Co.	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 Johnson & Johnson	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 BP PLC	$15,001 - $50,000	As note above	As note above	

	JMC Trust #3 SBC Communications	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 Verizon Communications	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 Bank of New York Co.	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 J.P. Morgan Chase	$1,001 - $15,000	As note above	As note above	
	JMC Trust #3 Mellon Financial Corp.	$1,001 - $15,000	As note above	As note above	
	Trust U/A 1-4-46, James M. Castle Trust #2, 16.66% allocable shares of trust income per K-1	N/A	Dividends	$1,001 - $2,500	
	JMC Trust #2 Wachovia PT Money Market	$1,001 - $15,000	As note above	As note above	
	JMC Trust #2 Core Bond Fund	$15,001 - $50,000	As note above	As note above	
	JMC Trust #2 General Electric Co.	$1,001 - $15,000	As note above	As note above	
	JMC Trust #2 Home Depot, Inc.	$1,001 - $15,000	As note above	As note above	
	JMC Trust #2 Abbot Labs	$15,001 - $50,000	As note above	As note above	
	JMC Trust #2 Bristol Myers Squibb Co.	$1 - $1,000	As note above	As note above	
	JMC Trust #2 Exxon Mobil Corp	$1,001 - $15,000	As note above	As note above	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	JMC Trust #2 Bank of New York	$1,001 - $15,000	As note above	As note above	
	JMC Trust #2 Mellon Financial	$1,001 - $15,000	As note above	As note above	
	JMC Trust #2 Cisco Systems	$1 - $1,000	As note above	As note above	
	JMC Trust #2 Hewlett Packard Co.	$1 - $1,000	As note above	As note above	
	JMC Trust #2 BP PLC Sponsored ADR	$1,001 - $15,000	As note above	As note above	
	JMC Trust #2 Hospira, Inc.	$1,001 - $15,000	As note above	As note above	
	James M. Castle, Jr. 8-27-68 Allocable share trust income per K-1	N/A	DIVIDENDS	$15,001 - $50,000	
	James M. Castle, Jr. Trust Wachovia PT Money Market	$1,001 - $15,000	As note above	As note above	
	James M. Castle, Jr. Trust Delaware Trust Municipal Bond Fund	$250,001 - $500,000	As note above	As note above	
	James M. Castle, Jr. Trust DuPont	$1,001 - $15,000	As note above	As note above	
	James M. Castle, Jr. Trust General Electric	$15,001 - $50,000	As note above	As note above	
	James M. Castle, Jr. Trust Colgate Palmolive Co.	$15,001 - $50,000	As note above	As note above	
	James M. Castle, Jr. Trust Abbot Labs	$1,001 - $15,000	As note above	As note above	
	James M. Castle, Jr. Trust Cigna Corp.	$1,001 - $15,000	As note above	As note above	

	James M. Castle, Jr. Trust Glaxo Smith Kline	$1,001 - $15,000	As note above	As note above	
	James M. Castle, Jr. Trust Hospira, Inc.	$1,001 - $15,000	As note above	As note above	
	James M. Castle, Jr. Trust BP PLC	$1,001 - $15,000	As note above	As note above	
	James M. Castle, Jr. Trust Chevron/Texaco Corp	$1,001 - $15,000	As note above	As note above	
	James M. Castle, Jr. Trust Weststar Energy, Inc.	$1,001 - $15,000	As note above	As note above	
	James M. Castle, Jr. Trust Alltel Corp.	$15,001 - $50,000	As note above	As note above	
	James M. Castle, Jr. Trust Wellpoint, Inc.	$15,001 - $50,000	As note above	As note above	S
	James M. Castle, Jr. Trust Evergreen Large Cap Equity Fund	$100,001 - $250,000	As note above	As note above	S (partial)
	James M. Castle, Jr. Trust Evergreen Intl. Equity Fund	$15,001 - $50,000	As note above	As note above	P

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

Report any purchase, sal or exchange by you, your spouse, or depend nt child during the reporting year of any real property, st cks, bond , c mmoditi s futures, r other securities when th amount of th transaction or series f transacti ns exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spous , or your dependent child, or the purchase or sale f your personal residence, unless it is rented ut. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transacti n
	Flextronics Int. Ltd USD	S	2-16-06	$1,001 - $15,000
	Arotech Crop	S	2-16-06	$1,001 - $15,000
	Cortex Pharmaceuticals	S	2-16-06	$1,001 - $15,000
	Heartland Value Fund	S	1-3-06	$15,001 - $50,000
	Delaware State EDA Hospital REV	Other Redeemed	1-3-06	$1,001 - $15,000
	FPA Crescent Inst Fund	P	1-6-06	$1,001 - $15,000
	Oakmark Global Fund	P	1-6-06	$1,001 - $15,000
	Hennessy Focus 30 Fund	P	1-6-06	$15,001 - $50,000
	Vanguard Emerging Market Vipers	P	2-13-06	$15,001 - $50,000
	Vanguard PRIMECAP Core Fund	P	2-13-06	$15,001 - $50,000
	Dodge & Cox International Stock Fund	P	1-5-06	$15,001 - $50,000
	Oakmark Equity & Income Fund	P	1-5-06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

R port any purchase, sale r exchang by you, your spouse, or dependent child during th reporting year of any real pr perty, stocks, bonds, commodities futures, r other securities when th amount of the transacti n or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do n t report a transaction between you, your spouse, r your dependent child, or the purchase r sale of your personal resid nce, unless it is rented out. Provid a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Muhlenkamp Fund	P	1-5-06	$1,001 - $15,000
	Kimco Realty Corp	S (Partial)	1-5-06	$1,001 - $15,000
	Oracle Corporation	S	1-6-06	$1,001 - $15,000
	Valeant Pharmaceuticals Intl.	P	3-21-06	$1,001 - $15,000
	Aegis Value Fund	S	1-31-06	$50,001 - $100,000
	Amgen	P	3-7-06	$1,001 - $15,000
	Apache Corp	P	3-7-06	$1,001 - $15,000
	FiServ, Inc	P	3-7-06	$1,001 - $15,000
	ishares MSCI Canada	P	3-7-06	$15,001 - $50,000
	International Game Technology	P	3-7-06	$1,001 - $15,000
	Integrated Device Technology	S	3-7-06	$1,001 - $15,000
	L3 Communications	P	3-7-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

Report any purchase, sale or exchang by you, your spouse, r dependent child during the reporting year f any real property, st cks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transacti ns that resulted in a l ss. Do n t report a transa tion between you, your spouse, r your d pendent hild, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transacti n
	MLM Index Fund	S	3-6-06	$15,001 - $50,000
	(All assets following were inherited by Jane D. Castle upon her mother's death on 9/30/06)			
SP	Janney Montgomery Scott Money Market	Other	9-30-06	$50,001 - $100,000
SP	Altria Group Inc	Other	9-30-06	$1,001 - $15,000
SP	Blackrock Income Trust	Other	9-30-06	$1,001 - $15,000
SP	Citigroup, Inc.	Other	9-30-06	$1,001 - $15,000
SP	General Electric Company	Other	9-30-06	$1,001 - $15,000
SP	Morgan Stanley Insured Mun. Secur.	Other	9-30-06	$15,001 - $50,000
SP	Nuveen Municipal Value Fund	Other	9-30-06	$1,001 - $15,000
SP	Putnam Premier Income Trust SBI	Other	9-30-06	$1,001 - $15,000
SP	Wilmington Trust Corp	Other	9-30-06	$1,001 - $15,000
SP	Franklin Income Fund	Other	9-30-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castl

R p rt any purchase, sal or exchange by you, your spouse, r dependent hild during the reporting year f any r al property, stocks, bonds, c mm ditles futures, or other securities when th amount of the transaction or series f transactions exceeded $1,000. Includ tran actions that resulted in a loss. Do not rep rt a tran action betw en you, your spous , or your depend nt child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brl f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Puerto Rico Mun Fin Author. 4.75% CD due 8/1/22	Other	9-30-06	$1,001 - $15,000
SP	General Motors Accept. Corp. 5.125% CD due 5/09/08	Other	9-30-06	$1,001 - $15,000
SP	Ford Motor Credit Co. 5.1% CD due 6/20/08	Other	9-30-06	$1,001 - $15,000
SP	Discover Bank Greenwood DE CD due 5/4/07	Other	9-30-06	$1,001 - $15,000
SP	Discover Bank Greenwood DE CD due 8/24/07	Other	9-30-06	$1,001 - $15,000
SP	Washington Mutual Bank CD due 8/31/07	Other	9-30-06	$1,001 - $15,000
SP	Westernbank PR CD due 2/4/08	Other	9-30-06	$1,001 - $15,000
SP	Discover Bank Greenwood CD due 5/5/08	Other	9-30-06	$1,001 - $15,000
SP	Lehman Bros. Bank CD due 6/30/06	Other	9-30-06	$1,001 - $15,000
SP	BMW Bank North America CD due 10/06/08	Other	9-30-06	$1,001 - $15,000
SP	Washington Mutual Bank CD due 11/12/08	Other	9-30-06	$1,001 - $15,000
SP	First Bank Puerto Rico CD due 3/23/09	Other	9-30-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

Report any purchase, sale or exchange by you, your spou e, r depend nt child during the reporting year of any real property, stocks, b nds, commodities futures, or other securities wh n the am unt of the transaction or series of transactions exceeded $1,000. Include transacti ns that resulted in a loss. Do n t rep rt a transaction between you, your spouse, or your dependent child, or the purchase r sale f your personal residence, unless it is rented out. Provid a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Discover Bank Greenwood CD due 8/11/09	Other	9-30-06	$1,001 - $15,000
SP	Lehman Bros. Coml. Bank CD due 10/26/09	Other	9-30-06	$1,001 - $15,000
SP	Countrywide Bank Alexandria VA CD due 2/10/10	Other	9-30-06	$1,001 - $15,000
SP	Lehman Bros. Bank CD due 3/22/10	Other	9-30-06	$1,001 - $15,000
SP	Janney Montgomery Scott Money Market Arthur DiSabatino (DECD) IRA	Other	9-30-06	$15,001 - $50,000
SP	Westernbank Puerto Rico CD due 1/16/07 Arthur DiSabatino (DECD) IRA	Other	9-30-06	$1,001 - $15,000
SP	BMW Bank North America CD due 3/15/07 Arthur DiSabatino (DECD) IRA	Other	9-30-06	$1,001 - $15,000
SP	Washington Mutual Bank CD due 8/31/07 Arthur DiSabatino (DECD) IRA	Other	9-30-06	$1,001 - $15,000
SP	Providian Nat'l Bank CD due 8/11/08 Arthur DiSabatino (DECD) IRA	Other	9-30-06	$1,001 - $15,000
	James M. Castle, Jr. Trust Wellpoint	S	3-29-06	$1,001 - $15,000
	James M. Castle, Jr. Trust Evergreen Large Cap Equity	S (Partial)	3-29-06	$1,001 - $15,000
	James M. Castle, Jr. Trust Evergreen International Equity Fund	P	3-29-06	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Id ntify the source and list trav l itinerary, dates, and nature of expenses provided for travel and trav l-related xpenses totaling more than $305 rec ived by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the travel r at the sponsor's xpense, and the am unt of time, if any, that was not at th sponsor's xpense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclud : Travel-related expenses provided by federal, state, and local gov rnments, or by a foreign government required t be s parately reported und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse r dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expens
Aspen Institute - The Challenge of High School Reform	Feb 21 - 25	Philadelphia -- Montego Bay, Jamaica -- Philadelphia	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name Michael N. Castle

Report all positi ns, compensated or uncompensated, h ld during th current calendar year as an officer, director, trustee of an organizati n, partner, proprietor, representative, mployee, r consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organizati n, r any educational or ther instituti n other than the United Stat s. Exclud : Positions held in any religious, social, fraternal, or political entities; positions s lely f an h norary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	The Oquirrh Institute
Board Member	The Southern Institute on Children and Families
Board Member	James B. Hunt, Jr. Institute for Educational Leadership & Policy
Board Member, President (resigned - January 2007)	Republican Main Street Partnership

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Katherine A. Castor
(Full Name)

3012 Harborview Ave Tampa FL 33611 813-765-6365
(Mailing Address) Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: Florida District: 11th	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** N/A	Yes ☐	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.** N/A	Yes ☐	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☑
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Katherine Castor	5-13-07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hillsborough County Board of County Commissioners (Services rendered prior to House employment)	County Commissioner	$33948.16
	Butler Pappas LLP (spouse)	Attorney/Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Katherine A. Castor	Page 3 of 11

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500

This page may be copied if more space is required.

Name Katherine A. Cantor | Page 4 of M

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
JT	Vanguard Index 500				X		X								X		X						X	X								P
JT	Bank of America Stock			X											X		✓					X										P
JT	Baron Asset Fund			X											X		X	X					X									
JT	Coca Cola Stock (inherited)				X									X	X						X		X									
JT	Dow Chemical (inherited)				X									X	X						X		X									
JT	Intel			X											X							X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Katherine A. Custer

Page 5 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	JANUS Mercury				X										X		X						X									P
JT	JANUS Overseas					X									X		X						X									P
JT	Texas Instruments (inherited)				X									X							X											
JT	Verizon		X												X							X										S
JT	Dodge and Cox Stock				X										X		X	X						X								P
JT	Franklin Mutual Discovery				X										X		X	X					X									P
JT	Franklin Rising Dividends			X											X		X	X					X									P
JT	Franklin Small cap				X										X		X	X							X							P
JT	Templeton Growth				X										X		X	X							X							P
~~JT~~	~~Alliance Bernstein [illegible]~~			~~X~~																												
JT	American Century Value Inc.			X	X									X							X											P
JT	Dreyfus Prem. Sm. cap Value				X									X							X											P
JT	Gartmore Self Index				X									X							X											P
JT	Pimco Total Return			X										X							X											P
JT	Templeton Foreign Fund			X										X							X											P
SP	Am Cent Larg Cap Growth			X										X							X											P
SP	Am. Cent Larg Cap Value			X										X							X											P
SP	Prin. Bin Group Inc.		X											X							X											P
SP	Prin Large Cap Stock					X								X							X											P
SP	Prin Mid Cap Gr. II				X									X							X											P
SP	Prin Larg Cap Gr.				X									X							X											P
SP	Prin Mid Cap Gr. I			X										X							X											P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Katherine A. Castor

Page 6 of 4

SP. DC. JT	BLOCK A Asset and/or Income S urce	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
Sp	Principal Divers Int st.				X									X							X											P
Sp.	Principal Wed Co Val			X										X							X											P
Sp.	Aggressive Growth - 529 Plans			X										X							X											P
Sp.	Vanguard - Age Based 529 plan Christy				X									X							X											P
Sp.	Vanguard Age Based 529 plan Julian				X									X							X	X										P
	T. Rowe Price Blue chip Growth (IRA)				X									X							X		X									
	T. Rowe Price Equity (IRA)				X											X						X										
JT	Bank of America checking			X													X					X										
JT	Bank of ~~America~~ Florida checking ~~savings~~			X													X					X	X									
JT	E & Trade checking			X													X					X										
JT	USA checking		X														X					X										
JT	Bank of America Savings				X												X						X									
JT	Bank of Florida Savings				X												X					X										
JT	~~[illegible]~~ ING Direct					X											X					X										
JT	USA Savings			X													X						X									
JT	Bank of Florida CD	X															X						X									
SP	Butler Pappas LLP					X								X							X											

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SCHEDULE IV — TRANSACTIONS

Name Katherine A. Coster | Page 7 of 11

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
JT	59 purchases at various times Vanguard Index 500	X			VARIOUS throughout year	X									
JT	100 Shares Bank of America	X			3/2/2006	X									
[illegible]	[illegible]				[illegible]		[illegible]								
JT	100 shares Intel	X			1/20/2006	X									
JT	Janus Mercury Fund 31 purchases at various times	X			VARIOUS	X									
JT	34 purchases at various times JANUS Overseas	X			VARIOUS	X									
JT	31 purchases at various times Dodge & Cox Stock	X			Various		X								
JT	Franklin Mutual Discovery 14 purchases, various times	X			VARIOUS	X									
JT	Franklin Rising Dividends 6 purchases	X			VARIOUS	X									
JT	Franklin Small Cap Growth 12 purchases	X			VARIOUS	X									
JT	Templeton Growth 6 purchases	X			VARIOUS	X									
	Am Cent Value 24 purchases	X			VARIOUS	X									
	Dreyfus Prem Sm. Cap Value 24 purchases	X			VARIOUS	X									
	Gartmore S&P 500 Index 24 purchases	X			VARIOUS		X								
	Primco Total return 24 purchases	X			VARIOUS	X									
	Templeton Foreign Fund 24 purchases	X			VARIOUS	X									

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SCHEDULE IV — TRANSACTIONS

Name Katherine A. Coster

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–08		X								
Sp	Am Cent Larg Cap Growth 12 purchases	X			VARIOUS	X									
Sp	Am. Cent Larg Cap Value 12 purchases	X			VARIOUS	X									
Sp	Prin Fin Group Inc 12 purchases	X			VARIOUS	X									
Sp	Prin Large Cap Stock 12 purchases	X			VARIOUS	X									
Sp	Prin Mid CAP Gr. II 12 purchases	X			VARIOUS	X									
Sp	Prin Larg Cap Gr 12 purchases	X			VARIOUS	X									
Sp	Prin Mid Cap Gr. I 12 purchases	X			VARIOUS	X									
Sp.	Prin Divers Int. St. 12 purchases	X			VARIOUS	X									
Sp	Prin Mod. Co. Val 12 purchases	X			VARIOUS	X									
Sp.	Aggressive Growth 529 plans 30 purchases	X			VARIOUS	X									
Sp.	Vanguard Age Based 529 plan Chrissy 12 purchases	X			VARIOUS	X									
Sp	Vanguard age Based 529 plan Julia 12 purchases	X			VARIOUS	X									
	100 shares Verizon ~~[illegible]~~		X		10/9/06	X									
	~~Kathryn Prism Blue Chip Growth~~														

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Name Katherine A. Castor | Page 9 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additi nal sheets if more space is required.

Name Katherine A. Custer | Page 10 of 11

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization	
Commissioner	Hillsborough County Commission	- ended Nov 2006
Director	1000 Friends of Florida	current/still on Board
Advisor	University of South Florida Library	- ended Feb 2007
Board Member	Hillsborough Area Regional Transit Authority	- ended Nov 2006
Board Member	Children's Board of Hillsborough County	- " Nov 2006
Commissioner	Environmental Protection Commission of Hills Co.	- " Nov 2006
Board Member	Friendship Trail - Old Gandy Bridge	- end Nov 2006
Member	Agency on Bay Management	- end Nov 2006
Board Member	Habitat for Humanity	- current/still on Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Dat	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 10: 40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

STEVEN J CHABOT
(Full Name)

3025 DAYTONA AVE.
(Mailing Address)

513 662-8000
Daytime Telephone

CINCINNATI OHIO 45211

Filer Status	[X] Member of the U.S. House of Representatives — State: OHIO District: FIRST	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Steven J Chabot	5/5/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income xceeding $1,000.

Source		Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
NONE			

For paym nts to charity in li u of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name STEVEN J CHABOT | Page 4 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclud : Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount f Incom

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster				Indefinite															Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	CHARLES SCHWAB + CO (IRA)					X									X									X								
	CHARLES SCHWAB + CO				X										X								X									
	APPLEBEES COM STOCK	X												X				X			■					X						S
	CINTAS COM STOCK				X										X							X										
	VICTORY MM FUND				X										X								X									
	PNC BANK ACCOUNTS				X												X						X									

F r additi nal assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Sourc	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Am unt of Incom: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	CHEVIOT B+L CD'S				X												X															
	USA BANK ACCT			X													X					X										
	ADVANTAGE BANK CD'S					X											X								X							
	JANUS FUND (IRA)				X										X																	
	GATEWAY INDEX FD (IRA)				X										X																	
	OHIO PUBLIC EMPLOYEES DEFERRED COMP FUND	SEE				DETAILS								OF			THIS			LIST	(3	FUNDS)									
	OHIO PERS					X																										
	BIO REF LABS COM ST				X										X							X										
	CCA INS COM ST			X											X							X										
	DAKTRONICS "				X										X							X										
	ENCORE ACQ "			X											X							X										
	FINISH LINE "			X											X							X										
	GULF ISL FAB "			X											X							X										
	K-SWISS INC "				X										X							X										
	MARINE PRODS CORP "			X											X							X										
	MATRIX SERV CORP "			X											X							X										
	MED ALT INDS "				X										X							X										
	MERIT MED SYS INC "			X											X							X										
	MULTI COLOR CORP "				X										X							X										
	SIGMATRON INC INC "			X											X							X										
	SPORTSMANS GUIDE INC "	X													X			X								X						5

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

SP, DC, JT	BLOCK A Ass t and/or Incom Source	BLOCK B Year-End Value f Asset											BLOCK C Type of Income						BLOCK D Amount f Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	(OHIO PUBLIC EMPLOYEES DEF'D COMP FUND)																													
	OPEBC GUAR'D RETURN OPTION				X																									
	FIDELITY MAGELLAN				X																									
	VANGUARD INSTITUTIONAL INDEX				X																									

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SCHEDULE IV — TRANSACTIONS

Name STEVEN J CHABOT | Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								
	APPLEBEES			X		8/22/06		X								
	SPORTSMANS GUIDE			X		9/1/06		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclud : Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	HERITAGE FOUNDATION	JAN 30-31	DC - BALT. MD. - DC	Y	Y	N	NONE

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclud : Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
DEC-85'-94 PAID INTO	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)	UPON RETIREMENT
MAY 90 DEC 94 PAID INTO	" " " DEFERRED COMP.	AT AGE 55

Use additional sheets if more space is required.

HAND DELIVERED

2007 MAY -9 PM 4:08

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Honorabl Albert Benjamin Chandler, III
(Full Nam)

975 Pisgah Pike Versailles, KY 40383
(Mailing Address)

202-225-4706
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: KY District: 06 ☐ Officer Or Employee — Employing Office:

R port Typ ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its d signee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to th best of my knowledge and belief.	A. B. Chandler III	5/9/07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Honorable Albert Benjamin Chandler, III

	BLOCK A **Asset and/ r Incom Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provid an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) pr vide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Incom** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	Woodford Sun, Inc. Stock Versailles, KY Newspaper	$15,001 - $50,000	Dividends	$2,501-$5,000	NA
JT	Polly Place Farm, Inc. Stock 191 Elm St., Versailles, KY (300 acre farm)	$100,001 - $250,000	Dividends	$2,501-$5,000	NA
JT	Lipid Sciences, Inc. Stock	$1,001 - $15,000	NA	NA	NA
JT	JP Morgan stock	$1 - $1,000	NA	NA	NA
	KY Public Employees Deferred Compensation Account	$50,001 - $100,000	NA	NA	NA
	KY Retirement Systems Account-Fidelity Contra	$50,001 - $100,000	Dividends Reinvested	$2,501 - $5,000	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Honorable Albert Benjamin Chandler, III

JT	Rental Unit, 975 Pisgah Pike, Versailles, KY	$1,001 - $15,000	Rental	$2,501 - $5,000	NA
JT	Commonwealth Credit Union, Frankfort, KY	$1,001 - $15,000	Interest	$1 - $200	NA
	KY Public Employees Deferred Compensation Account-Gross Fund of America	$15,001 - $50,000	Dividends Reinvested	$2,501 - $5,000	NA
JT	Community Trust Bank	$15,001 - $50,000	Interest	$1 - $200	NA
SP	KY Public Employees Refirement Systems	$15,001 - $50,000	NA	NA	NA
JT	USEE Bonds	$50,001 - $100,000	Bonds held, not cashed	NA	NA

SCHEDULE IX - AGREEMENTS

Nam Honorable Albert Benjamin Chandler, III

Identify th date, parties to, and gen ral terms of any agreement or arrangement with respect to: future empl yment; a leave of absence during th period of government service; continuation or deferral of payments by a former r current employer other than the U.S. Government; or c ntinuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
01-01-92	Commonwealth of KY Retirement Systems	Defined Benefit Plan
12-21-92	Commonwealth of KY Public Employees Deferred Comp	Defined Contribution Plan

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 14 PM 2:12
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

(8)

DONNA M. CHRISTENSEN
(Full Name)

1510 LONGWORTH HOB
(Mailing Address)

WASHINGTON, DC 20515

Daytime Telephone: 202-225-1790

Filer Status	[X] Member of the U.S. House of Representatives	State: VIRGIN ISLANDS District: AT LARGE	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assess d against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	N [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, c mplet and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any r portable asset in a transaction exceeding $1,000 during the reporting period? **If yes, c mplet and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	N [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If y s, c mplete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-9-2007

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
ARMED FORCES RETIREMENT PENSION	SPOUSE	NA
SURVIVOR BENEFITS	SPOUSE	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DONNA M. CHRISTENSEN

BLOCK A — Asset and/or Income Source

Identify (a) each asset h ld for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-dir cted IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For r tirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	OFFICE BUILDING 102 EST. RICHMOND, V.I.							✓								✓											✓					
	THREE BEDROOM CONDO EST. QUESTA VERDE, V.I.						✓														✓											
	.197 ACRES OF LAND 40ED EST. LaGRANGE, V.I.			✓																	✓											
	OFFICE BUILDING #42 COMPANY STREET, V.I.						✓														✓											

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name DONNA M. CHRISTENSEN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10-12-06		X								
	NONE															

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	VIRGIN ISLANDS COMMUNITY BANK ST.CROIX, VIRGIN ISLANDS	MORTGAGE: 102 EST. RICHMOND ST.CROIX, VIRGIN ISLANDS				✓						
	FIRST BANK ST.CROIX, VIRGIN ISLANDS	MORTGAGE: #E31 EST.QUESTA VERDE, ST.CROIX, VIRGIN IS.		✓								
	GOVERNMENT OF THE U.S. VIRGIN ISLANDS	PROPERTY TAXES	✓									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	CARIB NEWS FOUNDATION	NOV 8-12	ST.CROIX- PANAMA-ST.CROIX	Y	Y	Y	NONE
	NATIONAL ASSOCIATION FOR EQUAL OPPORTUNITY: NAFEO	MAR.21-23	ST.CROIX-NEW ORLEANS-ST.CROIX	Y	N	N	NONE
	CONGRESSIONAL POLITICAL EDUCATION & LEADERSHIP INSTITUTE	AUG.10-11	WASHINGTON DC-MEMPHIS, TN - ST.THOMAS	Y	N	N	NONE
	NATIONAL MEDICAL ASSOCIATION	AUG. 7-8	ST.CROIX-DALLAS-WASHINGTON DC	Y	N	N	NONE
	CONGRESSIONAL BLACK CAUCUS POLITICAL LEADERSHIP INSTITUTE	JAN.27-29	WASHINGTON, DC-OAKLAND, CA ST.THOMAS	Y	Y	N	NONE
	THE BLACK AIDS INSTITUTE	AUG.12-15	ST.THOMAS-TORONTO,CANADA-ST.CROIX	Y	N	N	NONE
	CONGRESSIONAL BLACK CAUCUS FOUNDATION	MAY 4-7	WASHINGTON,DC-MIAMI-WASHINGTON,DC	Y	Y	N	NONE

This page may be c pied if mor space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER	VIRGIN ISLANDS MEDICAL INSTITUTE
MEMBER	BOARD OF THE INSTITUTE FOR THE ADVANCEMENT OF MULTICULTURAL & MINORITY MEDICINE
MEMBER	MAYA ANGELOU RESEARCH CENTER ON MINORITY HEALTH ADVISORY BOARD

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Yvette D. Clarke
(Full Name)

260 Midwood Street Brooklyn, NY 11226
(Mailing Address)

202-225-6231
Daytime Telephone:

Fil r Status	☑ Member of the U.S. House of Representatives — State: NY District: 11	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐ No ☑	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ N ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefitting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Dat (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledg and belief	Yvette D. Clarke	5/15/2007

SCHEDULE I - EARNED INCOME

Name Yvette D. Clarke

List th source, type, and am unt of arned income fr m any source (other than the filer's current empl yment by the U.S. Government) totaling $200 or m re during the preceding calendar year. F r a spouse, list th source and amount f any honoraria; list only the source for other spous arned income exceeding $1,000.

Source	Type	Amount
City of New York (City Council Member)	Salary	$102,000

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Wm. Lacy Clay
(Full Name)

6251 San Bonita Avenue St. Louis, MO 63105
(Mailing Address)

(202) 225-2406
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: MO District: 01	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriat schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts–	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Wm. Lacy Clay	5/15/07

SCHEDULE I - EARNED INCOME

Name Wm. Lacy Clay

List the source, type, and amount f earned income fr m any source (other than the filer's current employment by the U.S. Government) totaling $200 r more during the preceding calendar year. For a spouse, list the source and amount f any h n rarla; list nly the source for ther spous earned income exceeding $1,000.

S urce	Type	Amount
St. Louis Development Corporation	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Nam Wm. Lacy Clay

	BLOCK A **Asset and/or Incom S urce** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provid an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institut n holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Incom** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	Firsty Community Credit Union	$1,001 - $15,000	INTEREST	N/A	
SP	St. Louis Development Corp Empl Retirement Plan (General American)	$15,001 - $50,000		N/A	
	State of Missouri Deferred Comp. Plan (T.R. Price International Stock Fund)	$1,001 - $15,000		NONE	
	Wright Patman Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Wm. Lacy Clay

Identify the source and list travel itinerary, dates, and nature f expenses provided f r travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the spons r's expense, and the am unt of time, if any, that was n t at the spons r's expense. Disc sure is required regardless f whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the F reign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse r dependent child that is totally independent of his or her relationship to you.

S urce	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Aspen Institute	April 9-14, 2006	St, Louis, MO-Hawaii-St. Louis, MO	Y	Y	Y	none
Congressional Black Caucus Institute	Aug. 10-14, 2006	St. Louis, MO-Tunica, MS-St. Louis, MO	N	Y	Y	none
American Postal Workers Union	August 14, 2006	St. Louis, MO-Philidelphia, PA-Washington, DC	N	N	N	none
Representative Barbara Lee	Oct. 6-10, 2006	St. Louis, MO-Los Angeles, CA-San Francisco, CA-St. Louis, MO	Y	Y	Y	2 days

SCHEDULE VIII - POSITIONS

Name Wm. Lacy Clay

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representativ , mployee, or consultant of any corporati n, firm, partnership, r any business enterprise, any n npr fit organizati n, any labor organizati n, or any educati nal or other instituti n other than the United States. Exclude: Positions h ld in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	William Lacy Clay Scholarship and Research Fund
Director	Congressional Black Caucus Foundation, Inc
Director	Project Vote Smart

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A — For use by Members, officers, and employees

Emanuel Cleaver, II
(Full Name)

8217 E. Gregory Kansas City, MO 64133
(Mailing Address)

202-225-4535
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative — State: MO, District: 5th	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑ No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☑ No ☐

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Emanuel Cleaver	05. 15. 07

SCHEDULE I - EARNED INCOME

Nam : Emanuel Cleaver, II

List the sourc , type, and amount f earned inc me from any source (other than the filer's current employment by the U.S. Governm nt) totaling $200 or m re during the preceding calendar year. For a spouse, list the source and am unt of any honoraria; list nly the source for ther sp use arned income exceeding $1,000.

Source	Type	Amount
St. James-Paseo United Methodist Church, Kansas City, Missouri	Salary	$23,946
Black Methodists for Church Renewal, Kansas City, Missouri	Salary	$1,000
Self Employment, Consulting, Kansas City, Missouri	Spouse Salary	$126,593
KCMO Pension Plan, The Northern Trust Company, F.B.O. KCMO Employees; Kansas City, Missouri	Benefit Received from Pension Plan, Per Agreement between Emanuel Cleaver and KCMO City Government	$18,844

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

BLOCK A **A set and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additi nal information, see instruction booklet for the reporting year. Exclude: ~~Your personal residence(s) (unless there is rental income);~~ any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If y u so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BL CK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	Allianz Life Insurance Company, 10% BONUS POWERDEX ELITE ANNUITY	$100,001 - $250,000	Other: (Individual Retirement Account)	$5,001 - $15,000	
SP	Allianz Life Insurance Company, Simple Retirement Plan	$1,001 - $15,000	Indivi/Other: (Individual Retirement Account)	$1,001 - $2,500	
JT	The Cleaver Co., LLC; Grandview, Missouri; The Grandview Auto Wash (Auto Laundry Business)	$100,001 - $250,000	PARTNERSHIP INCOME	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

	THE GENERAL BOARD OF PENSION AND HEALTH BENEFITS OF THE UNITED METHODIST CHURCH - MINISTERIAL PENSION PLAN - STABLE VALUE FUND	$50,001 - $100,000	INTEREST	$1 - $200	
	THE GENERAL BOARD OF PENSION AND HEALTH BENEFITS OF THE UNITED METHODIST CHURCH - MINISTERIAL PENSION PLAN - MULTIPLE ASSET FUND	$100,001 - $250,000	INTEREST	$201 - $1,000	
	THE GENERAL BOARD OF PENSION AND HEALTH BENEFITS OF THE UNITED METHODIST CHURCH - PERSONAL INVESTMENT PLAN - STABLE VALUE FUND	$15,001 - $50,000	INTEREST	$201 - $1,000	

SCHEDULE V - LIABILITIES

Name Emanu l Cleaver, II

R p rt liabilities f over $10,000 owed t any n creditor at any time during the reporting period by you, your spouse, or dependent child. Mark th highest am unt owed during the year. Exclude: Any m rtgage on your p rsonal resid nce (unless all r part of it is rented ut); loans secured by autom biles, h usehold furniture, r appliances; and liabilities owed t a spou e, r the child, parent, r sibling of you r your spouse. R port "revolving charge accounts" (i.e., credit cards) nly if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	FNMA Co-signator for Willoris McNeel (niece)	Student Loan	$10,001 - $15,000

SCHEDULE IX - AGREEMENTS

Name Emanuel Cleaver, II

Identify the date, parties to, and gen ral terms of any agreement or arrangem nt with respect to: future employment; a leave of abs nce during the period of g vernment service; continuation r def rral of payments by a f rmer or current employer ther than the U.S. Government; r continuing participation in an employee welfare or benefit plan maintained by a former employer.

Dat	Parties To	Terms of Agreement
01/01/06	Emanuel Cleaver; The City of Kansas City, Missouri	Agreement between Emanuel Cleaver and the City of Kansas City, Missouri; Continuing Interest in Pension Plan Related to Former Employment

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A

For use by Members, officers, and employees

James E. Clyburn
(Full Name)

1703 Gervais Street Columbia, SC 29201
(Mailing Address)

803-799-1100
Daytime Telephone

HAND DELIVERED (7)
(Office Use Only)

Filer Status: ☑ Member of the U.S. House of Representative — State: SC District: 6th ☐ Officer Or Employee — Employing Office

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

Signature of Reporting Individual: James E. Clyburn

Date (Month, Day, Year): 5/15/07

825

SCHEDULE I - EARNED INCOME

Name James E. Clyburn

List the source, type, and amount of arned income from any s urce (other than th filer's current employment by the U.S. Government) totaling $200 r more during th preceding cal ndar year. For a spouse, list the sourc and amount of any honoraria; list only the source for ther spous arned income exceeding $1,000.

Source	Type	Amount
South Carolina Retirement System (This income is not subject to the outside earned income limit)	Retirement from the State of South Carolina	$49,920
U.S. Department Of Veterans Affairs	Retirement Income	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name James E Clyburn

List th sourc , activity (i.e., peech, app aranc , r article), date, and amount of any paym nt made by the sponsor of an event to a charitabl organizati n in li u of an honorarium. A s parat c nfidential list of charities receiving such paym nts must be filed directly with the Committee n Standards of Official Conduct. A green envel pe f r transmitting the list is included in each Member's filing package. Employees may request a green nvelope from th Clerk or us a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Sweet Canaan Baptist Church	Speech	Mar. 12, 2006	$400
Claflin University/Orangeburg Alumni Chapter	Speech	Apr. 21, 2006	$250
Brown Chapel AME Church	Speech	Apr. 22, 2006	$400
Johnson C. Smith University	Speech	May 3, 2006	$2,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James E. Clyburn

	BLOCK A **Asset and/or Incom Sourc** Identify (a) sch asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "un arned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (I. ., one where you have the power to select the specific investm nts) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A tat the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Y ur personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional c lumn on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type f Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Inc me** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purcha es (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	645-47 W. Liberty Street Sumter, SC (50% ownership)	$50,001 - $100,000	RENT	$2,501 - $5,000	
	Automated Data Processing	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Bank of America	$15,001 - $50,000	IRA	NONE	
SP	Bank of America	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Bank of America	$1,001 - $15,000	INTEREST	$1 - $200	
	Fort Jackson Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James E. Clyburn

Investment Entrepreneurs, LLC (10% Investment) Commerce Business Plaza Conway, S.C.	$100,001 - $250,000	None	NONE	
Merrill Lynch, Columbia, SC	$15,001 - $50,000	IRA	NONE	
SCANA Corporation	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
South Carolina State Credit Union	$1 - $1,000	INTEREST	$1 - $200	
Wright-Patman Congressional Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James E. Clyburn

Identify the source and list travel itinerary, dates, and nature f xpenses provid d f r travel and travel-related exp nses totaling more than $305 received by y u, your spou , or a dependent child during the reporting period. Indicate wheth r a family member accompanied the traveler at the sponsor's expens , and the amount of tim , if any, that was n t at the sponsor's xpens . Discl sure is required regardless of whether the expenses were reimbursed or paid directly by the spons r. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided t a spous or d pendent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Nat'l Assoc. Of American Railroad	Jan. 5-8	Columbia, S.C.-Ft. Myers, FL-Columbia, S.C.	Y	Y	Y	None
Jackson Chapel First Missionary Baptist Church	Jan. 20	Charlotte, N.C.-Raleigh, N.C.	N	N	N	None
Congressional Black Caucus Inst.	Jan. 27-29	Columbia, S.C.-San Francisco-Columbia, S.C.	Y	Y	N	None
Maritime Trades Department, AFL-CIO	Feb. 25-27	Washington, DC-San Diego-Washington, DC	Y	Y	N	None
The Alliance of N.C. Black Elected Officials	April 21	Columbia, SC-Raleigh, N.C.-Columbia, S.C.	Y	Y	Y	None
Alabama Democratic Conference	May 13	Columbia, S.C.-Montgomery, AL-Columbia, S.C.	N	Y	N	None
Omega Psi Phi Fraternity, Inc.	July 27-28	Washington, D.C.-Little Rock, AR-Washington, D.C.	Y	Y	N	None
Louisiana Democratic Party	July 29-30	Washington, D.C.-Baton Rouge, LA-Columbia, S.C.	Y	Y	N	None
Mississippi Democratic Pary	Nov. 18-19	Columbia, S.C.-Jackson, MS-Columbia, S.C.	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name James E. Clyburn

R port all positi ns, compensated r uncompensated, held during the current calendar year as an officer, director, trustee of an rganization, partner, propriet r, representativ , mpl yee, r c nsultant of any corporation, firm, partn rship, or any business nterprise, any nonprofit organizati n, any labor rganization, r any educational or ther instituti n other than the United States. Exclude: P itions held in any religious, social, fraternal, r political entities; positi ns sol ly f an h n rary nature; and positi ns listed on Schedule I.

Position	Name of Organization
Board Member	Allen University
Trustee	Brookgreen Gardens
Board Member	CBC PAC
Board Member	CBC Political Education & Leadership Institute
Board Member	Palmetto Conservation Foundation
Steering Committee	International African American Museum

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED (25)
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 11: 19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC

John Howard Coble
(Full Name)

5741-L Brambletgate Road Greensboro, NC 27409
(Mailing Address)

202.225.3065
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: NC District: 06 — ☐ Officer Or Employee — Employing Office:

Rep rt Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, c mplete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☐ No ☑
If y s, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriat schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Howard Coble	05 15 07

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name John Howard Coble

List the s urc , activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor f an event t a charitable rganizati n in li u of an h norarium. A s parate confid ntial list of charities receiving such payments must be filed directly with the Committee n Standards of Official C nduct. A green nvel pe for transmitting the list is included in ach Member's filing package. Employees may request a green envelope from th Cl rk or use a plain nvel pe that is appropriately labeled.

Source	Activity	Date	Amount
National Grocers Association	Attend DC reception	Jun. 14,2006	Care package (value unknown)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the rep rting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For addit nal information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that f your spouse (SP) or dependent child (DC) or is jointly held (JT), in the opti nal column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Mainstay Map Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
BB&T Large Company Value A Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
BB&T Large Company Value B Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
BB&T Mid Cap Growth A Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
BB&T Mid Cap Growth B Mutual Fund	$1,001 - $15,000	DIVIDENDS	NONE	
BB&T Mid Cap Value A Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

BB&T Mid Cap Value B Mutual Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
BB&T NC Intermediate Tax Free Investment Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
BB&T Bank Savings Account	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
Wright Patman Federal Credit Union Savings Account	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
Wachovia Cap Asset Management Account	$50,001 - $100,000	DIVIDENDS	$1 - $200	
Federated Bond Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Federated Large Cap Growth Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Federated American Leaders Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Bank of America Checking Account	$15,001 - $50,000	INTEREST	$1 - $200	
Bank of North Carolina Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Jefferson-Pilot Insurance Fixed Annuity	$1,001 - $15,000	DIVIDENDS	NONE	S
Jefferson-Pilot Insurance Variable Annuity #1	$1,001 - $15,000	DIVIDENDS	NONE	S
Jefferson-Pilot Insurance Variable Annuity #2	$15,001 - $50,000	DIVIDENDS	NONE	S
Hartford Insurance Variable Annuity	$50,001 - $100,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

MassMutual Insurance Flex Extra Annuity	$50,001 - $100,000	DIVIDENDS	NONE	
MassMutual Insurance Transitions Annuity	$50,001 - $100,000	DIVIDENDS	NONE	
Phoenix Life Insurance Annuity	$15,001 - $50,000	DIVIDENDS	NONE	
State Employees Credit Union Savings Account	$1,001 - $15,000	INTEREST	$1 - $200	
Merrill Lynch Cash Management Account	$250,001 - $500,000	DIVIDENDS	$1,001 - $2,500	PS
Merrill Lynch IRA	$15,001 - $50,000	DIVIDENDS	$1 - $200	PS
78 acre farm, Henry County, Virginia	$50,001 - $100,000	None	NONE	
Condo, Watauga County, North Carolina	$250,001 - $500,000	None	NONE	
Lexington State Bank Stock	$1,001 - $15,000	INTEREST	$1 - $200	
Sterling South Bank Stock	$1,001 - $15,000	DIVIDENDS	NONE	S
Van Kampen Equity and Income Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Van Kampen Comstock Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
New World Mutual Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
Capital World Growth and Income Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

Yadkin Valley Bank and Trust Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200
Fidelity & Guaranty Insurance Annuity	$1,001 - $15,000	DIVIDENDS	NONE
Allianz Life Insurance Annuity	$15,001 - $50,000	DIVIDENDS	NONE
Dreyfuss Premier Worldwide Growth Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200
MassMutal Insurance Variable Annuity	$1,001 - $15,000	DIVIDENDS	NONE

SCHEDULE IV - TRANSACTIONS

Nam John Howard Coble

Rep rt any purchase, sale r exchang by you, y ur sp use, or dependent child during the rep rting y ar f any real property, tocks, bonds, commodities futures, r ther s curities when the amount of the transacti n or series of transactions exceeded $1,000. Includ transactions that resulted in a l ss. Do n t report a transacti n between y u, y ur sp u , or your dependent child, or the purchase or sale of your pers nal residence, unless it is r nted out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Jefferson-Pilot Insurance Fixed Annuity	S	6-20-06	$1,001 - $15,000
	Jefferson-Pilot Insurance Variable Annuity #1	S	6-20-06	$1,001 - $15,000
	Jefferson-Pilot Insurance Variable Annuity #2	S	6-20-06	$15,001 - $50,000
	Merrill Lynch Cash Management Account	PS	various (see attached)	various (see attached)
	Merrill Lynch IRA	PS	various (see attached)	various (see attached)
	Sterling South Bank Stock	S	9-11-06	$1,001 - $15,000

SCHEDULE VIII - POSITIONS

Name John Howard Coble

Rep rt all positi ns, compen ated or uncompensated, held during the current cal ndar year as an offic r, director, trustee of an organization, partn r, proprietor, r presentative, employee, r consultant of any corporati n, firm, partnership, r any business nterprise, any nonprofit organization, any lab r organizati n, or any educati nal or other instituti n oth r than the United State . Exclude: Positions h ld in any relig us, social, fraternal, or political entities; positi ns sol ly of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Visitors	Guilford College, Greensboro, North Carolina
Member, Congressional Advisory Board	Greensboro College, Greensboro, North Carolina
Member, Board of Visitors	United States Coast Guard Academy, New London, Connecticut
Member, Congressional Advisory Board	DECA: An Association Of Marketing Students, Reston, Virginia
Member, Congressional Advisory Board	American Conservative Union, Alexandria, Virginia
Member, Congressional Council	The Faith & Politics Institute, Washington, D.C.

Cash Management Account

TOTAL MERRILL

Primary Account: [redacted]

MR J HOWARD COBLE
2102 N ELM ST
STE B
GREENSBORO NC 27408

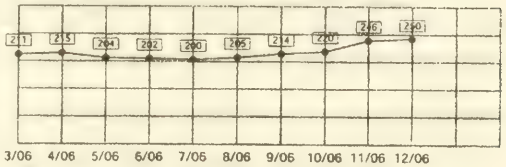
YOUR MERRILL LYNCH REPORT

December 01, 2006 - December 29, 2006

SUMMARY

	December 29	November 30	Month Change	
Net portfolio value	**$250,482.41**	**$246,163.83**	**$4,318.58**	▲
Your assets	$250,482.41	$246,163.83	$4,318.58	▲
Your liabilities	-	-		
Your inflows	-	$20,000.00		
Your outflows	($529.18)	($4,384.14)		
Your account income	$565.07	$4,328.27		

Net Portfolio Value (in thousands), 2006-2006



Need Investment Guidance?
Call Your Financial Advisor

Your Financial Advisor:
ROBERT C KETNER
800 GREEN VALLEY RD. SUITE 400
GREENSBORO NC 27408
robert_ketner@ml.com
(336) 333-7423

If you have questions on your statement, call 24-Hour Assistance:
(800) MERRILL
(800) 637-7455

Up-to-date account information can be viewed at www.mlol.ml.com, where your statements are archived for three or more years.

Questions about MLOL? Click the "help" tab at the top of the screen once you log in.

TOO MUCH MAIL? E-DELIVERY CAN HELP.

Now there's a fast, easy way to get many communications - including shareholder notices, trade confirms and statements - online instead of in your mailbox. See the enclosed newsletter for details or visit www.mlol.ml.com > Home > Profile & Preferences section.

YOUR PORTFOLIO REVIEW

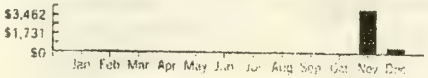
December 01, 2006 - December 29, 2006

ASSET ALLOCATION

Estimated Accrued Interest not included
May not reflect all holdings

	Percent
Equities	100%
TOTAL	**100%**

CURRENT INCOME



	This Report	Year To Date
Tax-Exempt Interest	-	-
Interest	0.89	26.08
Non-Reportable Dividends		
Dividends	564.18	5,201.52
Total	$565.07	$5,227.60
Your Estimated Annual Income		**$1,169.84**

TOP FIVE PORTFOLIO HOLDINGS

Based on Estimated Market Value

	Current Value	*% of Portfolio*
DAVIS NY VENTURE FD A	77,579.28	30.97%
FEDERATED KAUFMANN FUND	37,061.68	14.80%
LEHMAN BROTHRS HLDGS COM	15,624.00	6.24%
AMGEN INC COM PV $0.0001	10,041.57	4.01%
KNIGHT CAPITAL GROUP INC	9,585.00	3.83%

FINANCIAL MARKET INDICATORS

	This Report	*Last Report*	*Previous Year End*
S&P 500	1418.30	1400.63	1248.29
Three-Month Treasury Bills	5.01%	5.02%	4.07%
Long-Term Treasury Bonds	4.81%	4.56%	4.54%
One-Month LIBOR	5.33%	5.35%	4.39%
NASDAQ	2415.29	2431.77	2205.32

841

TOTAL MERRILL

Online at: www.mlol.ml.com

Account Number: [redacted]

24-Hour Assistance: (800) MERRILL

MR J HOWARD COBLE
2102 N ELM ST
STE B
GREENSBORO NC 27408

Net Portfolio Value: *$250,482.41*

Your Financial Advisor:
ROBERT C KETNER
800 GREEN VALLEY RD. SUITE 400
GREENSBORO NC 27408
robert_ketner@ml.com
(336) 333-7423

CMA® ACCOUNT

December 01, 2006 - December 29, 2006

ASSETS

	December 29	*November 30*
Cash/Money Accounts	188.48	2,504.45
Fixed Income	-	-
Equities	135,613.22	132,229.80
Mutual Funds	114,680.71	111,429.58
Options	-	-
Other	-	-
Subtotal (Long Portfolio)	*250,482.41*	*246,163.83*
TOTAL ASSETS	**$250,482.41**	$246,163.83

LIABILITIES

Debit Balance	-	-
Short Market Value	-	-
TOTAL LIABILITIES	-	-
NET PORTFOLIO VALUE	**$250,482.41**	$246,163.83

CASH FLOW

	This Statement	*Year to Date*
Opening Cash/Money Accounts	**$2,504.45**	
CREDITS		
Funds Received	-	20,000.00
Electronic Transfers	-	-
Other Credits	-	-
Dividends/Interest	$65.07	5,227.60
Security Transactions	5,831.47	20,972.54
TOTAL CREDITS	**$6,396.54**	$46,200.14
DEBITS		
Electronic Transfers	-	-
Margin Interest Charged	-	-
Other Debits	(529.18)	(4,913.32)
Visa Purchases *(debits)*	-	-
ATM/Cash Advances	-	-
Checks Written/Bill Payment	-	-
Security Transactions	(8,183.33)	(41,334.97)
TOTAL DEBITS	**($8,712.51)**	($46,248.29)
Net Cash Flow	**($2,315.97)**	($48.15)
Closing Cash/Money Accounts	**$188.48**	

YOUR CMA BANK DEPOSIT INTEREST SUMMARY

December 01, 2006 - December 29, 2006

Money Account Description	Opening Balance	Average Deposit Balance	Current Yield%	Interest on Deposits	Closing Balance
Merrill Lynch Bank USA	2,503	748	1.50	0.89	187
TOTAL *ML Bank Deposit Program*	2,503			0.89	187

YOUR CMA ASSETS

CASH/MONEY ACCOUNTS Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
CASH	1.48	1		1.48		
ML Bank Deposit Program	187.00	187	1.0000	187.00	2	1.50
TOTAL		188		188.48	2	1.50

EQUITIES Description	Symbol	Acquired	Quantity	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
AMER EXPRESS COMPANY	AXP	07/24/01	125	34.0570	4,257	60.6700	7,583.75	3,326	75	.98
AMGEN INC COM PV $0.0001	AMGN	04/12/01	103	32.1700	3,313	68.3100	7,035.93	3,722		
		04/18/01	44	32.1700	1,415	68.3100	3,005.64	1,590		
Subtotal			*147*		*4,728*		*10,041.57*	*5,312*		
APPLIED MATERIAL INC	AMAT	11/27/01	200	22.0581	4,411	18.4500	3,690.00	(721)	40	1.08
ATMEL CORP COM	ATML	09/19/00	170	18.9817	3,226	6.0500	1,028.50	(2,198)		
		08/20/02	330	3.0224	997	6.0500	1,996.50	999		
Subtotal			*500*		*4,224*		*3,025.00*	*(1,199)*		
BEA SYSTEMS INC COM	BEAS	11/27/01	220	19.4599	4,281	12.5800	2,767.60	(1,513)		
BJS WHOLESALE CLUB INC	BJ	04/22/03	300	14.4202	4,326	31.1100	9,333.00	5,006		
CEPHALON INC COM	CEPH	04/27/06	75	67.4304	5,057	70.4100	5,280.75	223		
CORNING INC	GLW	11/02/06	245	20.8228	5,101	18.7100	4,583.95	(517)		
E M C CORPORATION MASS	EMC	11/02/06	400	12.6072	5,042	13.2000	5,280.00	237		
FLEXTRONICS INTL LTD	FLEX	12/04/06	340	11.9824	4,074	11.4800	3,903.20	(170)		
GOODYEAR TIRE RUBBER	GT	09/23/05	320	16.1003	5,152	20.9900	6,716.80	1,564		
INTEL CORP	INTC	04/27/06	250	20.7168	5,179	20.2500	5,062.50	(116)	100	1.97

843

MR J HOWARD COBLE

Account Number: [redacted]

YOUR CMA ASSETS

December 01, 2006 - December 29, 2006

EQUITIES (continued) Description	Symbol	Acquired	Quantity	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
KEYCORP NEW COM	KEY	12/04/06	110	37.3571	4,109	38.0300	**4,183.30**	74	**151**	3.62
KNIGHT CAPITAL GROUP INC	NITE	07/24/01	500	10.1357	5,067	19.1700	**9,585.00**	4,517		
LEHMAN BROTHRS HLDGS COM	LEH	09/30/99	200	14.8883	2,977	78.1200	**15,624.00**	12,646	**95**	.61
LOWE'S COMPANIES INC	LOW	05/27/04	180	27.7855	5,001	31.1500	**5,607.00**	605	**36**	.64
MICRON TECHNOLOGY INC	MU	04/22/03	415	9.7606	4,050	13.9600	**5,793.40**	1,742		
MILLENNIUM PHARMS INC	MLNM	06/27/05	165	9.3933	1,549	10.9000	1,798.50	248		
		06/27/05	100	9.3609	936	10.9000	1,090.00	153		
Subtotal			*265*		*2,485*		***2,888.50***	*401*		
MORGAN STANLEY	MS	11/02/06	65	76.2258	4,954	81.4300	**5,292.95**	338	**70**	1.32
RF MICRO DEVICES INC	RFMD	04/27/06	280	9.6585	2,704	6.7900	**1,901.20**	(803)		
SAVIENT PHARMACEUTICALS INC	SVNT	04/18/01	625	7.7846	4,865	11.2100	**7,006.25**	2,140		
SCHWAB CHARLES CORP NEW	SCHW	11/27/01	270	15.8931	4,291	19.3400	**5,221.80**	930	**54**	1.03
SUN MICROSYSTEMS INC COM	SUNW	11/02/06	920	5.5560	5,111	5.4200	**4,986.40**	(125)		
TRANSMETA CORP	TMTA	04/19/01	230	21.3922	4,920	1.1100	**255.30**	(4,664)		
TOTAL					106,376		**135,613.22**	29,233	**622**	.46

RESEARCH RATINGS

Security	Symbol	ML Rating	Independent Research Provider	Independent Research Provider	Jaywalk Consensus Rating SELL HOLD BUY
AMER EXPRESS COMPANY	AXP	B-1-7	Buy -Morningstar	Buy -Argus Fundamental Research	1.72
AMGEN INC COM PV $0.0001	AMGN	C-2-9	Buy -Morningstar	Hold -Rochdale Securities	1.60
APPLIED MATERIAL INC	AMAT	C-2-7	Hold -Morningstar	Buy -TheStreet.com Ratings	1.56
BEA SYSTEMS INC COM	*BEAS*	*C-3-9*	*Hold -Morningstar*	*Hold -Thomas White International*	*2.08*
BJS WHOLESALE CLUB INC	BJ	N/A	Hold -Morningstar	Hold -Channel Trend Inc.	2.04
CEPHALON INC COM	CEPH	C-2-9	Sell -Morningstar	Buy -Market Edge Research	1.54
CORNING INC	GLW	C-1-9	Buy -Morningstar	Buy -Argus Fundamental Research	2.04
E M C CORPORATION MASS	EMC	N/A	Buy -Morningstar	Sell -Channel Trend Inc.	1.86
FLEXTRONICS INTL LTD	FLEX	C-2-9	Hold -Morningstar	Sell -Rochdale Securities	1.79
GOODYEAR TIRE RUBBER	GT	C-2-9	Sell -Morningstar	Hold -Argus Fundamental Research	1.78

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844

YOUR CMA ASSETS

December 01, 2006 - December 29, 2006

RESEARCH RATINGS (continued)

Security	Symbol	ML Rating	Independent Research Provider	Independent Research Provider	Jaywalk Consensus Rating (SELL HOLD BUY)
INTEL CORP	INTC	C-2-7	Hold -Morningstar	Hold -Cathay Financial, Inc.	1.80
KEYCORP NEW COM	KEY	A-2-7	Hold -Morningstar	Buy -Boyar's Alternative Viewpoint	1.58
KNIGHT CAPITAL GROUP INC	NITE	N/A	Hold -Morningstar	Buy -Market Edge Research	1.55
LEHMAN BROTHRS HLDGS COM	LEH	B-1-7	Sell -Morningstar	Buy -Boyar's Alternative Viewpoint	1.38
LOWE'S COMPANIES INC	LOW	B-1-7	Hold -Morningstar	Hold -Buckingham Research	1.52
MILLENNIUM PHARMS INC	MLNM	C-2-9	Hold -Morningstar	Hold -Ford Equity Research	2.13
MORGAN STANLEY	MS	B-2-7	Hold -Morningstar	Buy -Buckingham Research	1.40
MICRON TECHNOLOGY INC	MU	C-2-9	Hold -Morningstar	Buy -Channel Trend Inc.	1.86
RF MICRO DEVICES INC	RFMD	C-2-9	Hold -Morningstar	Hold -Ativo Research	1.80
SCHWAB CHARLES CORP NEW	SCHW	B-2-7	Sell -Morningstar	Buy -Weiss Ratings, Inc.	1.76
SUN MICROSYSTEMS INC COM	SUNW	C-1-9	Sell -Morningstar	Hold -Argus Fundamental Research	2.08

PLEASE REFER TO THE BACK OF YOUR STATEMENT FOR A GUIDE TO YOUR MERRILL LYNCH AND INDEPENDENT RESEARCH RATINGS.

845

MUTUAL FUNDS/DEFINED ASSET FUNDS Description	Quantity	Total Client Investment	Cumulative Investment Return	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
DAVIS NY VENTURE FD A	1,971	43,544	32,378	47,568	38.5200	**75,922.92**	28,354	**532**	.70
	43			N/A	38.5200	**1,656.36**	N/A	**11**	.70
(.9950 FRACTIONAL SHARE)				N/A	38.5200	**38.32**	N/A		.70
SYMBOL: NYVTX Initial Purchase: 02/09/96									
FEDERATED KAUFMANN FUND CL A	6,548	27,701	9,360	35,272	5.6600	**37,061.68**	1,789		
(.2540 FRACTIONAL SHARE)				N/A	5.6600	**1.43**	N/A		
SYMBOL: KAUAX Initial Purchase: 01/14/04									
Subtotal (Equity Funds)			41,738	82,840		**114,680.71**	30,143	**544**	.47

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MR J HOWARD COBLE

Account Number: [redacted]

YOUR CMA ASSETS

December 01, 2006 - December 29, 2006

MUTUAL FUNDS/DEFINED ASSET FUNDS (continued) Description	Quantity	Total Client Investment	Cumulative Investment Return	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
TOTAL			41,738	82,840		114,680.71	30,143	544	.47

Total Client Investment: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.
Cumulative Investment Return: Estimated Market Value minus Total Client Investment.
Cumulative Investment Return is the capital appreciation (depreciation) of all shares purchased, including shares purchased through reinvestment.

Unrealized Gain or (Loss): Estimated Market Value minus Total Cost Basis. Provided for Tax Planning purposes only and is not applicable to retirement accounts "denoted by N/A."
Initial Purchase: Date of your initial investment in this fund.

Market Timing: Merrill Lynch's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

Effective October 2006, Merrill Lynch Investment Managers, L.P. (MLIM) combined with BlackRock, Inc. As a result of the transaction, MLIM investments were rebranded BlackRock. For more information please contact your Financial Advisor or call (800) MERRILL.

LONG PORTFOLIO	Adjusted/Total Cost Basis	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield%
TOTAL	189,405	250,482.41	59,376		1,169	.47

Total values exclude N/A items

YOUR CMA TRANSACTIONS

SECURITY TRANSACTIONS

Date	Description	Transaction Type	Quantity	Unit Price	Debit	Credit	Accrued Interest Earned/(Paid)
12/07	FLEXTRONICS INTL LTD PRICE 11.55	Purchase	340	11.5500	4,074.04		
12/07	KEYCORP NEW COM PRICE 36.34	Purchase	110	36.3400	4,109.29		
	Subtotal (Purchases)				*8,183.33*		

YOUR CMA TRANSACTIONS

December 01, 2006 - December 29, 2006

SECURITY TRANSACTIONS (continued)

Date	Description	Transaction Type	Quantity	Unit Price	Debit	Credit	Accrued Interest Earned/(Paid)
12/07 ■	CORNING INC VSP 04/18/01 190.000000 PRICE 20.96	Sale	-190	20.9600		3,858.01	
12/07 ■	E M C CORPORATION MASS VSP 04/12/01 110.000000 VSP 04/18/01 45.000000 PRICE 13.31	Sale	-155	13.3100		1,973.46	
	Subtotal (Sales)					*5,831.47*	
12/05	DAVIS NY VENTURE FD A REINV AMOUNT $529.18 REINV PRICE $37.66000 QUANTITY BOT 14.0520 AS OF 12/01	Divd Reinv	14				
12/14	DAVIS NY VENTURE FD A DEPOSIT TRF FROM 74688031	Journal Entry	41				
	Subtotal (Other Security Transactions)						
	TOTAL				**8,183.33**	**5,831.47**	

REALIZED GAINS/(LOSSES)

Description	Quantity	Acquired Date	Liquidation Date	Sales Price	Cost Basis	Gains/(Losses) * This Statement	Gains/(Losses) * Year to Date
CORNING INC	190.0000	04/18/01	12/04/06	3,858.01	4,976.10	(1,118.09)	
E M C CORPORATION MASS	110.0000	04/12/01	12/04/06	1,400.52	3,368.80	(1,968.28)	
E M C CORPORATION MASS	45.0000	04/18/01	12/04/06	572.94	1,732.00	(1,159.06)	
Subtotal (Long-Term)						*(4,245.43)*	*4,558.35*
TOTAL						**(4,245.43)**	**4,558.35**

* - Excludes transactions for which we have insufficient data

The capital gains and losses shown above may not reflect all transactions which must be reported on your 2006 tax return. These reportable transactions will appear on your January statement.

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847

TOTAL MERRILL

MR J HOWARD COBLE

Account Number: [redacted]

YOUR CMA TRANSACTIONS

December 01, 2006 - December 29, 2006

DIVIDENDS/INTEREST INCOME TRANSACTIONS

Date	Transaction Type	Quantity	Description	Debit	Credit	Year To Date
12/29	¤ Bank Interest		BANK DEPOSIT INTEREST		.89	
	Subtotal (Interest)				*.89*	*26.08*
12/01	* Dividend		INTEL CORP HOLDING 250.0000 QUAL DIV $25.00 PAY DATE 12/01/2006		25.00	
12/05	* Dividend		DAVIS NY VENTURE FD A PAY DATE 12/04/2006		529.18	
12/07	* Dividend		APPLIED MATERIAL INC HOLDING 200.0000 QUAL DIV $10.00 PAY DATE 12/07/2006		10.00	
	Subtotal (Dividends)				*564.18*	*5,201.52*
	NET TOTAL				**565.07**	**5,227.60**

CASH/OTHER TRANSACTIONS

Date	Transaction Type	Quantity	Description	Debit	Credit
12/05	Reinvestment		DAVIS NY VENTURE FD A	529.18	
	Subtotal (Other Debits/Credits)			*529.18*	
	NET TOTAL			**529.18**	

YOUR CMA MONEY ACCOUNT TRANSACTIONS

Date	Description	Withdrawals	Deposits	Date	Description	Withdrawals	Deposits
12/04	ML Bank Deposit Program		26.00	12/08	ML Bank Deposit Program		10.00
12/07	ML Bank Deposit Program	2,352.00					
	NET TOTAL					**2,316.00**	

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IRA

TOTAL MERRILL

Primary Account: [redacted]

MLPF& S CUST FPO
J HOWARD COBLE IRA
FBO J HOWARD COBLE
2102 N ELM ST STE B
STE B
GREENSBORO NC 27408-5100

Need Investment Guidance?
Call Your Financial Advisor

Your Financial Advisor:
ROBERT C KETNER
800 GREEN VALLEY RD. SUITE 400
GREENSBORO NC 27408
robert_ketner@ml.com
(336) 333-7423

If you have questions on your statement, call 24-Hour Assistance:
(800) MERRILL
(800) 637-7455

Up-to-date account information can be viewed at: www.mlol.ml.com, where your statements are archived for three or more years.

Questions about MLOL? Click the "help" tab at the top of the screen once you log in.

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022

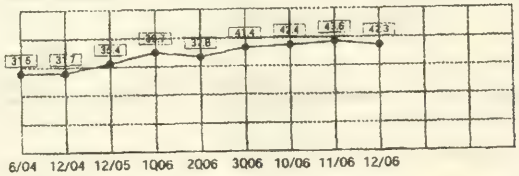
YOUR MERRILL LYNCH REPORT

December 01, 2006 - December 29, 2006

SUMMARY

	December 29	November 30	Month Change
Net portfolio value	**$42,316.15**	**$43,562.63**	**($1,246.48)** ▼
Your assets	$42,316.15	$43,562.63	($1,246.48) ▼
Your liabilities	-	-	
Your inflows	-	-	
Your outflows	($24.33)	($345.00)	
Your account income	$32.13	$371.65	

Net Portfolio Value (in thousands), 2004-2006



TOO MUCH MAIL? E-DELIVERY CAN HELP.

Now there's a fast, easy way to get many communications - including shareholder notices, trade confirms and statements - online instead of in your mailbox. See the enclosed newsletter for details or visit www.mlol.ml.com > Home > Profile & Preferences section.

9972

849

YOUR PORTFOLIO REVIEW

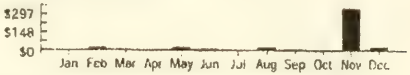
December 01, 2006 - December 29, 2006

ASSET ALLOCATION

Estimated Accrued Interest not included
May not reflect all holdings

	Percent
Equities	100%
TOTAL	**100%**

CURRENT INCOME



	This Report	Year To Date
Tax-Exempt Interest	-	-
Interest	-	-
Non-Reportable Dividends	32.13	491.28
Dividends	-	-
Total	$32.13	$491.28
Your Estimated Annual Income		$153.06

TOP FIVE PORTFOLIO HOLDINGS

Based on Estimated Market Value

	Current Value	*% of Portfolio*
LEHMAN BROTHRS HLDGS COM	10,155.60	24.00%
BJS WHOLESALE CLUB INC	5,133.15	12.13%
SCHWAB CHARLES CORP NEW	4,158.10	9.83%
MILLENNIUM PHARMS INC	3,924.00	9.27%
SAVIENT PHARMACEUTICALS	3,923.50	9.27%

FINANCIAL MARKET INDICATORS

	This Report	*Last Report*	*Previous Year End*
S&P 500	1418.30	1400.63	1248.29
Three-Month Treasury Bills	5.01%	5.02%	4.07%
Long-Term Treasury Bonds	4.81%	4.56%	4.54%
One-Month LIBOR	5.33%	5.35%	4.39%
NASDAQ	2415.29	2431.77	2205.32

850

Online at: www.mlol.ml.com

Account Number: [redacted]

24-Hour Assistance: (800) MERRILL

MLPF& S CUST FPO
J HOWARD COBLE IRA
FBO J HOWARD COBLE
2102 N ELM ST STE B
STE B
GREENSBORO NC 27408-5100

Net Portfolio Value: *$42,316.15*

Your Financial Advisor:
ROBERT C KETNER
800 GREEN VALLEY RD. SUITE 400
GREENSBORO NC 27408
robert_ketner@ml.com
(336) 333-7423

RETIREMENT ACCOUNT

December 01, 2006 - December 29, 2006

ASSETS

	December 29	*November 30*
Cash/Money Accounts	282.92	275.12
Fixed Income	-	-
Equities	37,114.60	36,871.00
Mutual Funds	4,918.63	6,416.51
Options	-	-
Other	-	-
Subtotal (Long Portfolio)	*42,316.15*	*43,562.63*
TOTAL ASSETS	$42,316.15	$43,562.63

LIABILITIES

Debit Balance	-	-
TOTAL LIABILITIES	-	-
NET PORTFOLIO VALUE	$42,316.15	$43,562.63

CASH FLOW

	This Statement	*Year to Date*
Opening Cash/Money Accounts	$275.12	
CREDITS		
Funds Received	-	-
Electronic Transfers	-	-
Other Credits	-	-
Dividends/Interest	32.13	491.28
Security Transactions	-	-
TOTAL CREDITS	$32.13	$491.28
DEBITS		
Electronic Transfers	-	-
Other Debits	(24.33)	(457.90)
Security Transactions	-	-
TOTAL DEBITS	($24.33)	($457.90)
Net Cash Flow	$7.80	$33.38
Closing Cash/Money Accounts	$282.92	

851

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2006 - December 29, 2006

CASH/MONEY ACCOUNTS

Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
CASH	0.84	0		.84		
ML BANK USA RASP	282.08	282	1.0000	282.08	4	1.50
TOTAL		282		282.92	4	1.50

EQUITIES

Description	Symbol	Acquired	Quantity	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
APPLIED MATERIAL INC	AMAT	11/27/01	150	22.1371	3,320	18.4500	2,767.50	(553)	30	1.08
ATMEL CORP COM	ATML	09/19/00	225	19.0620	4,288	6.0500	1,361.25	(2,927)		
BEA SYSTEMS INC COM	BEAS	11/27/01	175	19.3456	3,385	12.5800	2,201.50	(1,183)		
BJS WHOLESALE CLUB INC	BJ	04/22/03	165	14.5084	2,393	31.1100	5,133.15	2,739		
LEHMAN BROTHRS HLDGS COM	LEH	09/30/99	130	14.9184	1,939	78.1200	10,155.60	8,216	62	.61
MICRON TECHNOLOGY INC	MU	04/22/03	250	9.8157	2,453	13.9600	3,490.00	1,036		
MILLENNIUM PHARMS INC	MLNM	06/27/05	300	9.3505	2,805	10.9000	3,270.00	464		
		06/27/05	60	9.3326	559	10.9000	654.00	94		
Subtotal			*360*		*3,365*		*3,924.00*	*558*		
SAVIENT PHARMACEUTICALS INC	SVNT	04/12/02	350	5.4112	1,893	11.2100	3,923.50	2,029		
SCHWAB CHARLES CORP NEW	SCHW	11/27/01	215	15.9237	3,423	19.3400	4,158.10	734	43	1.03
TOTAL					26,464		37,114.60	10,649	135	.36

RESEARCH RATINGS

Security	Symbol	ML Rating	Independent Research Provider	Independent Research Provider	Jaywalk Consensus Rating (SELL HOLD BUY)
APPLIED MATERIAL INC	AMAT	C-2-7	Hold -Morningstar	Buy -TheStreet.com Ratings	1.56
BEA SYSTEMS INC COM	BEAS	C-3-9	Hold -Morningstar	Hold -Thomas White International	2.08
BJS WHOLESALE CLUB INC	BJ	N/A	Hold -Morningstar	Hold -Channel Trend Inc.	2.04
LEHMAN BROTHRS HLDGS COM	LEH	B-1-7	Sell -Morningstar	Buy -Boyar's Alternative Viewpoint	1.38
MILLENNIUM PHARMS INC	MLNM	C-2-9	Hold -Morningstar	Hold -Ford Equity Research	2.13
MICRON TECHNOLOGY INC	MU	C-2-9	Hold -Morningstar	Buy -Channel Trend Inc.	1.86

852

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2006 - December 29, 2006

RESEARCH RATINGS (continued)

Security	Symbol	ML Rating	Independent Research Provider	Independent Research Provider	Jaywalk Consensus Rating SELL	HOLD	BUY	
SCHWAB CHARLES CORP NEW	SCHW	B-2-7	Sell -Morningstar	Buy -Weiss Ratings, Inc.				1.76

PLEASE REFER TO THE BACK OF YOUR STATEMENT FOR A GUIDE TO YOUR MERRILL LYNCH AND INDEPENDENT RESEARCH RATINGS.

MUTUAL FUNDS/DEFINED ASSET FUNDS Description	Quantity	Total Client Investment	Cumulative Investment Return	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Current Yield%
DAVIS NY VENTURE FD A	49	205	1,681	1,076	38.5200	1,887.48	N/A	13	.70
(.7520 FRACTIONAL SHARE)				N/A	38.5200	28.96	N/A		.70
SYMBOL: NYVTX Initial Purchase: 03/01/96									
FEDERATED KAUFMANN FUND CL A	530	2,248	750	2,859	5.6600	2,999.80	N/A		
(.4240 FRACTIONAL SHARE)				N/A	5.6600	2.39	N/A		
SYMBOL: KAUAX Initial Purchase: 01/14/04									
Subtotal (Equity Funds)			2,431	3,936		4,918.63		13	.27
TOTAL			2,431	3,936		4,918.63		13	.27

Total Client Investment: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.

Cumulative Investment Return: Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the capital appreciation (depreciation) of all shares purchased, including shares purchased through reinvestment.

Unrealized Gain or (Loss): Estimated Market Value minus Total Cost Basis. Provided for Tax Planning purposes only and is not applicable to retirement accounts "denoted by N/A."

Initial Purchase: Date of your initial investment in this fund.

Market Timing: Merrill Lynch's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

Effective October 2006, Merrill Lynch Investment Managers, L.P. (MLIM) combined with BlackRock, Inc. As a result of the transaction, MLIM investments were rebranded BlackRock. For more information please contact your Financial Advisor or call (800) MERRILL.

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2006 - December 29, 2006

LONG PORTFOLIO	Adjusted/Total Cost Basis	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield%
TOTAL	30,684	**42,316.15**	10,649		**153**	.36

Total values exclude N/A items

YOUR RETIREMENT ACCOUNT TRANSACTIONS

SECURITY TRANSACTIONS

Date	Description	Transaction Type	Quantity	Unit Price	Debit	Credit	Accrued Interest Earned/(Paid)
12/14	DAVIS NY VENTURE FD A NORMAL WITHDRAWAL TRF TO 74654198	Journal Entry	-41				
	Subtotal (Other Security Transactions)						
	TOTAL						

DIVIDENDS/INTEREST INCOME TRANSACTIONS

Date	Transaction Type	Quantity	Description	Debit	Credit	Year To Date
12/05	*Dividend		DAVIS NY VENTURE FD A PAY DATE 12/04/2006		24.33	
12/07	*Dividend		APPLIED MATERIAL INC HOLDING 150.0000 QUAL DIV $7.50 PAY DATE 12/07/2006		7.50	
	Income Total		ML BANK USA RASP		30	
	Subtotal (Non-Reportable Dividends)				*32.13*	*491.28*
	NET TOTAL				**32.13**	**491.28**

854

TOTAL MERRILL

FBO J HOWARD COBLE

Account Number: [redacted]

YOUR RETIREMENT ACCOUNT TRANSACTIONS

December 01, 2006 - December 29, 2006

CASH/OTHER TRANSACTIONS

Date	Transaction Type	Quantity	Description	Debit	Credit
12/05	Reinvestment		DAVIS NY VENTURE FD A	24.33	
12/05	Divd Reinv		DAVIS NY VENTURE FD A REINV AMOUNT $24.33 REINV PRICE $37.66000 QUANTITY BOT .6460 AS OF 12/01		
12/15	Journal Entry		* 12/14/06 DISTRIBUTION 41.0000 NO S @ 38.2600 PER SHARE $1,568.66		
	Subtotal (Other Debits/Credits)			*24.33*	
	NET TOTAL			**24.33**	

FUNDS RECEIVED, WITHDRAWALS, AND CHARGES

Date	Transaction Type	Quantity	Description	Debit	Credit
12/08	Fund Delivery	-7	ML BANK USA RASP		
12/08	Subscription	7	ML BANK USA RASP	7.00	
	NET TOTAL			**7.00**	

YOUR RETIREMENT ACCOUNT CONTRIBUTIONS AND DISTRIBUTIONS

Year End Plan Value as of December 31, 2006: $42,316.15

Life-To-Date Nondeductible Contributions : $2,000.00

Contributions after December 31, 2005 for 2005: $.00

Distributions	*Tax Year 2006*	*Tax Year 2005*
Normal	$1,568.66	$1,357.60

+

Merrill Lynch Transactions for CMA No IRA trans. in 2006

14:20 05/14/07 PG 1
COB 05/12/07
PC:9972

FWR PRC

FINANCIAL CONSULTANTS
SECURITY ACTIVITY

ACCT: [redacted] J HOWARD COBLE

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
02/01/07	SLD		100C	BJS WHOLESALE CLUB INC	30.5200	2,955C
02/01/07	SLD		30C	LEHMAN BROTHRS HLDGS CO	84.8800	2,460C
02/01/07	BOT		185	PFIZER INC DEL PV$0.05	26.6500	5,068
02/01/07	BOT		100	RF MICRO DEVICES INC	7.7000	806
02/01/07	BOT		200	RF MICRO DEVICES INC	7.7000	1,619
02/01/07	SLD		175C	SAVIENT PHARMACEUTICALS	14.9700	2,518C
12/14/06	JE		41	DAVIS NY VENTURE FD A	.0000	0
12/05/06	AIDB		14	DAVIS NY VENTURE FD A	37.6600	529
12/04/06	SLD	✓	190C	CORNING INC	20.9600	3,858C
12/04/06	SLD	✓	155C	E M C CORPORATION MASS	13.3100	1,973C
12/04/06	BOT	✓	340	FLEXTRONICS INTL LTD	11.5500	4,074
12/04/06	BOT	✓	110	KEYCORP NEW CO	36.3400	4,109
11/16/06	AIDB		59	FEDERATED KAUFMANN FUND	5.5200	329
11/16/06	AIDB		711	FEDERATED KAUFMANN FUND	5.5200	3,930
11/16/06	JE		1	FEDERATED KAUFMANN FUND	.0000	0
11/16/06	JE		1	FEDERATED KAUFMANN FUND	.0000	0
11/02/06	BOT	✓	245	CORNING INC	20.2200	5,101
11/02/06	BOT	✓	400	E M C CORPORATION MASS	12.1800	5,042
11/02/06	BOT	✓	65	MORGAN STANLEY	74.3500	4,954
11/02/06	BOT	✓	920	SUN MICROSYSTEMS INC CO	5.3400	5,111
07/07/06	DIV		90	LOWE'S COMPANIES INC	.0000	0
07/07/06	DUDB		90C	LOWE'S COMPANIES INC	.0000	0
07/03/06	DUDB		90	LOWE'S COMPANIES INC	.0000	0
05/30/06	SLD	✓	70C	RF MICRO DEVICES INC	7.2300	450C
05/04/06	DIV		100	LEHMAN BROTHRS HLDGS CO	.0000	0
05/04/06	DUDB		100C	LEHMAN BROTHRS HLDGS CO	.0000	0
05/01/06	DUDB		100	LEHMAN BROTHRS HLDGS CO	.0000	0
04/27/06	SLD	✓	25C	AMERIPRISE FINL INC	50.0600	1,192C
04/27/06	BOT	✓	75	CEPHALON INC CO	65.7800	5,057
04/27/06	BOT	✓	250	INTEL CORP	20.0900	5,179
04/27/06	SLD	✓	30C	LEHMAN BROTHRS HLDGS CO	156.1500	4,565C
04/27/06	BOT	✓	280	RF MICRO DEVICES INC	9.2400	2,704
04/27/06	SLD	✓	200C	WAL-MART STORES INC	45.6900	8,932C
12/14/05	JE		40	DAVIS NY VENTURE FD A	.0000	0
12/05/05	AIDB		15	DAVIS NY VENTURE FD A	33.9000	514
11/16/05	AIDB		331	FEDERATED KAUFMANN FUND	5.4300	1,800
10/06/05	DIV		25	AMERIPRISE FINL INC	.0000	0
10/06/05	DUDB		25C	AMERIPRISE FINL INC	.0000	0
10/03/05	DUDB		25	AMERIPRISE FINL INC	.0000	0
09/23/05	BOT		320	GOODYEAR TIRE RUBBER	15.6000	5,152
06/27/05	SLD		100C	ACXIOM CORP CO	20.5500	1,974C
06/27/05	BOT		165	MILLENNIUM PHARMS INC	8.9600	1,549
06/27/05	BOT		100	MILLENNIUM PHARMS INC	8.9600	936
06/01/05	XCH		500C	KNIGHT TRADING GROUP IN	.0000	0

FOR INFORMATION PURPOSES ONLY - ACCOUNT STATEMENT IS OFFICIAL RECORD
THIS INFO MUST NOT BE USED IN PLACE OF THE MERRILL LYNCH TAX REPORTING
STATEMENT FOR TAX INFORMATION.

<MORE>

We are providing the above information as requested. The information provided is obtained from the sources we believe to be reliable. Merrill Lynch considers your confirmations and monthly statements to be the official record of your

Ed. I are items checked buy/sell transactions Mel.

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 5:30
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U.S. HOUSE OF REPRESENTATIVES
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MC

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Stephen Ira Cohen
(Full Name)

349 Kenilworth Place Memphis, TN 38112
(Mailing Address)

202-225-3265
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: TN District: 09 — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ N ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ N ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ N ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of R porting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are tru , complete and correct to the best of my knowledge and belief.	[signature]	5 15 07

SCHEDULE I - EARNED INCOME

Name Stephen Ira Cohen

List th sourc , typ , and am unt F arned inc me fr m any s urc (ther than the filer's current employment by the U.S. Government) t taling $200 r m re during the preceding calendar y ar. F r a spouse, list the source and amount of any honoraria; list only the source for other spouse earned inc me exceeding $1,000.

Source	Type	Amount
State of Tennessee	State Senate Salary	$16,500
Private Law Practice	Legal Fees	$35,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Ira Cohen

BLOCK A **Ass t and/ r Inc m Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. F r an IRA r retirement plan that is not self-directed, name the institution h lding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additi nal information, see instruction booklet for the reporting year. ~~Exclude: Your personal residence(s) (unless there is rental income)~~; any debt owed to you by your spouse, or by your or your spouse's child, parent, r sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Alcatel - Lucent Technologies	$1,001 - $15,000	None	NONE	
Amgen Inc.	$50,001 - $100,000	None	NONE	
AMR Corp.	$1,001 - $15,000	None	NONE	
AT&T (Merged with Bellsouth)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
Barrick Gold Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Berkshire Hathaway Inc.	$15,001 - $50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Ira Cohen

Body Shop	$1,001 - $15,000	None	NONE	S
Boeing Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Buckeye Technologies	$1,001 - $15,000	None	NONE	
Calvert Income Fund	$15,001 - $50,000	INTEREST	$201 - $1,000	
Carnival Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Chevron Corp.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Cisco Systems	$1,001 - $15,000	None	NONE	S
Coca Cola	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Cohen & Steers Quality REIT	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
Cohen & Steers Total Return	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
Comcast Corp.	$1,001 - $15,000	None	NONE	
Commercial Bank & Trust, Memphis, TN	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
Commercial National Financial Corp.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	S
Coventry Health Corp.	$50,001 - $100,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Ira Cohen

DaimlerChrysler	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
Developers Diversified Realty	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
DirecTV Group	$1,001 - $15,000	None	NONE
Duke Energy Corp. (Spectra Energy)	$1,001 - $15,000	DIVIDENDS	$1 - $200
Eli Lilly and Company	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
ExxonMobil Corp.	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
FedEx Corp.	$50,001 - $100,000	DIVIDENDS	$201 - $1,000
Fidelity Contra Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200
Fidelity Magellan Fund	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000
Fidelity OTC	$15,001 - $50,000	None	NONE
Fidelity Puritan Fund	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000
Fidelity Retirement (Government)	$50,001 - $100,000	DIVIDENDS	$5,001 - $15,000
First Data Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200
First Horizon National Corp.	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Ira Cohen

Fluor Corp.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
General Electric	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
General Motors	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
GlaxoSmithKline	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
Health Care Property Investors	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000
Host Hotels and Resorts	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
IBM	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500
Ingram Micro Inc.	$1,001 - $15,000	None	NONE
Marriott	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
Massey Energy Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200
Micron Technology	$1,001 - $15,000	None	NONE
Midwest Air Group	$1,001 - $15,000	None	NONE
National Semiconductor	$15,001 - $50,000	DIVIDENDS	$1 - $200
Newscorp.	$1,001 - $15,000	None	NONE

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Ira Cohen

Nokia Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
Northrop Grumman	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
PepsiCo	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Pfizer	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
Raytheon	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Regions Financial Corp. (Merged with AmSouth)	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
Schering-Plough	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Schlumberger Ltd.	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Smith Barney (Money Fund)	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
Sony Corp.	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Sun Trust (Bank Account - Closed)	$1 - $1,000	None	NONE	Other
Talbots Inc.	$15,001 - $50,000	DIVIDENDS	$1 - $200	
The Sports Authority, Inc.	$50,001 - $100,000	None	NONE	S
Tim Hortons	$15,001 - $50,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name St phen Ira Cohen

Time Warner, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Tivo Inc.	$1,001 - $15,000	None	NONE	
Transocean Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
U.S. Steel	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
Walt Disney Company	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Wendys, Inc.	$15,001 - $50,000	DIVIDENDS	$1 - $200	S
Western Union	$1,001 - $15,000	None	NONE	
Weyerhaeuser Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Wild Oats Markets	$15,001 - $50,000	None	NONE	
WWE Entertainment, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Stephen Ira Cohen

Rep rt any purchas , sal r xchange by you, your spous , r dependent child during the reporting year of any real property, stocks, b nds, comm ditles futures, or other securities when th amount of th transaction or series f transactions exceeded $1,000. Includ transactions that resulted in a l ss. Do not report a transacti n between y u, y ur spouse, or your d pendent child, or the purchase r sale of your personal residenc , unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transacti n
	Body Shop	S	12-15-06	$1,001 - $15,000
	Cisco Systems	S	12-28-06	$1,001 - $15,000
	Commercial National Financial Corp.	S	12-15-06	$15,001 - $50,000
	Nokia Corp.	S	12-28-06	$1,001 - $15,000
	The Sports Authority, Inc.	S	05-03-06	$50,001 - $100,000
	Wendys, Inc.	S	11-20-06	$15,001 - $50,000
	Tim Hortons	P	10-09-06	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name Stephen Ira Cohen

Report all positions, compensated r unc mpensated, held during the current calendar year as an officer, director, trustee f an rganizati n, partner, pr prietor, representative, employee, or consultant of any c rporation, firm, partn rship, or any business enterprise, any nonprofit organization, any labor rganizati n, r any educati nal r other institution other than the United States. Exclud : Positions h ld in any religious, social, fraternal, or political entities; positi ns s l ly of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board	Memphis Zoological Society
Board Member	Circuit Playhouse, Inc.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 JUN 13 PM 4:15

MC ✓ (7)

Stephen Ira Cohen
(Full Name)

349 Kenilworth Place Memphis, TN 38112
(Mailing Address)

202-225-3265
Daytime Telephone:

(Office USE ONLY)

Filer Status ☑ Member of the U.S. House of Representative — State: TN — District: 09 — ☐ Officer Or Employee — Employing Office:

Report Type ☐ Annual (May 15) — ☑ Amendment — ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		6-13-07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Ira Cohen

BLOCK A **Asset and/or Income Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additi nal information, see instruction booklet for the reporting year. *Exclude:* Y ur personal residence(s) (unless there is rental income); any d bt wed to you by your spouse, or by your or your spouse's child, parent, r sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Governm nt retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the ptional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Typ of Incom** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Am unt of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Alcatel - Lucent Technologies	$1,001 - $15,000	None	NONE	
Amgen Inc.	$50,001 - $100,000	None	NONE	
AMR Corp.	$1,001 - $15,000	None	NONE	
AT&T (Merged with Bellsouth)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
Barrick Gold Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Berkshire Hathaway Inc.	$15,001 - $50,000	None	NONE	

Boeing Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
Buckeye Technologies	$1,001 - $15,000	None	NONE
Calvert Income Fund	$15,001 - $50,000	INTEREST	$201 - $1,000
Carnival Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200
Chevron Corp.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
Coca Cola	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
Cohen & Steers Quality REIT	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
Cohen & Steers Total Return	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
Comcast Corp.	$1,001 - $15,000	None	NONE
Commercial Bank & Trust, Memphis, TN	$50,001 - $100,000	INTEREST	$2,501 - $5,000
Coventry Health Corp.	$50,001 - $100,000	None	NONE
DaimlerChrysler	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
Developers Diversified Realty	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
DirecTV Group	$1,001 - $15,000	None	NONE

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Ira Cohen

Duke Energy Corp. (Spectra Energy)	$1,001 - $15,000	DIVIDENDS	$1 - $200
Eli Lilly and Company	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
ExxonMobil Corp.	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
FedEx Corp.	$50,001 - $100,000	DIVIDENDS	$201 - $1,000
Fidelity Contra Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200
Fidelity Magellan Fund	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000
Fidelity OTC	$15,001 - $50,000	None	NONE
Fidelity Puritan Fund	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000
Fidelity Retirement (TN State Pension Plan - Not Self-Directed)	$50,001 - $100,000	DIVIDENDS	$5,001 - $15,000
First Data Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200
First Horizon National Corp.	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000
Fluor Corp.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
General Electric	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
General Motors	$1,001 - $15,000	DIVIDENDS	$201 - $1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Ira Cohen

GlaxoSmithKline	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
Health Care Property Investors	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000
Host Hotels and Resorts	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
IBM	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500
Ingram Micro Inc.	$1,001 - $15,000	None	NONE
Marriott	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
Massey Energy Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200
Micron Technology	$1,001 - $15,000	None	NONE
Midwest Air Group	$1,001 - $15,000	None	NONE
National Semiconductor	$15,001 - $50,000	DIVIDENDS	$1 - $200
Newscorp.	$1,001 - $15,000	None	NONE
Northrop Grumman	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
PepsiCo	$1,001 - $15,000	DIVIDENDS	$1 - $200
Pfizer	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Ira Cohen

Raytheon	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Regions Financial Corp. (Merged with AmSouth)	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
Schering-Plough	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Schlumberger Ltd.	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Smith Barney (Money Fund)	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
Sony Corp.	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Sun Trust (Bank Account - Closed)	None	None	NONE	Other
Talbots Inc.	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Tim Hortons	$15,001 - $50,000	None	NONE	P
Time Warner, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Tivo Inc.	$1,001 - $15,000	None	NONE	
Transocean Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
U.S. Steel	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
Walt Disney Company	$15,001 - $50,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Ira Cohen

Western Union	$1,001 - $15,000	None	NONE
Weyerhaeuser Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200
Wild Oats Markets	$15,001 - $50,000	None	NONE
WWE Entertainment, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

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MC OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Thomas Jeffr y Cole
(Full Name)

104 Briarwood Street Moore, OK 73160
(Mailing Address)

2022256165
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative — State: OK, District: 04	☐ Officer Or Employee	Employing Office:
R port Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exempti ns--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas J Cole	5/15/07

874

SCHEDULE I - EARNED INCOME

Name Thomas Jeffrey Cole

List the source, type, and am unt of arned income from any source (other than the filer's current mpl yment by the U.S. Governm nt) t taling $200 or m re during the prec ding calendar year. For a sp use, list the source and am unt of any honoraria; list nly the source for other spouse arned income xceeding $1,000.

S urce	Type	Amount
Cole, Hargrave, Snodgrass and Associates	Management Fee	$20,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffrey Cole

	BLOCK A **Ass t and/ r Inc me Source** Identify (a) each asset held for investment or production of income with a fair mark t value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investm nts) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state th nature of the business and its geographic location. For additi nal information, see instruction booklet for the reporting year. Exclude: Y ur personal residence(s) (unless there is rental income); any debt owed t you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you s ch ose, you may indicate that an asset or income source is that of your sp us (SP) or dependent child (DC) or is jointly held (JT), in the optional column n the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the catagory of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	MAJOR ASSETS	None	None	NONE	
	10 Acres of Land in Johnston County, Oklahoma (Half owned with brother John Cole)	$1,001 - $15,000	None	NONE	
	Cole, Hargrave, Snodgrass, and Associates, OK City (stock)	$250,001 - $500,000	Dividends (management fee)/DIVIDENDS	$15,001 - $50,000	
	Strategic Communications, Moore, OK (stock)	$250,001 - $500,000	Dividends	$50,001 - $100,000	
JT	Personal Residence, Moore, OK	$100,001 - $250,000			
JT	Mid First Bank, Money Market	$100,001 - $250,000	Interest	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffrey Cole

JT	Burke and Herbert Money Market	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	Fidelity Spartan Money Market	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
JT	Fidelity Municipal Income Fund	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	Tom Cole's Cole, Hargrave, Snodgrass 401K				
	Credit Suisse Capital Appreciation Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin MSF Mutual Share Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin Small/Mid Cap Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin Balance Sheet Investment Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin Income Fund A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Lord Abbott Core Fixed Income Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Lord Abbott Mid Cap Value Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Oppenheimer Main Street Fund Class A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Oppenheimer Global Fund Class A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Pimco High Yield Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffrey Cole

	Putnam Int'l Equity Fd. A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Strong Government Securities Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Templeton Foreign Fund A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	VanKamp Commom Stock Fund A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Mutual Funds				
JT	Vanguard Total Bond Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
JT	Fidelity Spartan Municipal Income Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Columbia Real Estate Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	American Century Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	American Century Balanced Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	S
JT	T. Rowe Price Equity Income Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	*American Century Value Fund*	*$15,001 -* $50,000	*DIVIDENDS/CAPI* TAL GAINS	*$201 - $1,000*	
JT	Vanguard Total Int'l Stock Index	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Fidelity Select Health Care Fund	$15,001 - $50,000	DIVIDENDS/CAPTIAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas J ffrey Cole

JT	Fidelity Dividend Growth Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Fidelity Contrafund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
JT	American Century Tax Free Bond Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
JT	FidelitySpartan 500 Index Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Vanguard Total Stock Market Index Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	American Century International Growth Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	American Century Global Growth Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Baron Asset Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	American Century Ultra Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	S
JT	Fidelity Select Financial Services Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Stocks				
SP	Alliant Energy Corp.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Exxon Mobile Corp.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Regions Financial Corp.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffr y Cole

JT	Duke Energy Corp.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Pfizer Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Wells Fargo & Co.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Tronox Inc.	$1 - $1,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	Walgreen Corp.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Walmart Stores Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	Kerr McGee	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	S
JT	Johnson Controls	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	IBM	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	AT&T Inc.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Equifax Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	Microsoft	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Hewlett Packard	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
JT	Dell Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffrey Cole

JT	Becton Dickinson & Co.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Tom Cole Fidelity IRA				
	Fidelity Aggressive Growth Fund (IRA)	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S
	Fidelity Cash Reserves	$1 - $1,000	INTEREST	$1 - $200	
	Fidelity Total Bond Fund	$1 - $1,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Fidelity Contrafund (IRA)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Fidelity Diversified International Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
	Fidelity Dividend Growth Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
	Fidelity Spartan 500 Index Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
	Fidelity Fund	$1 - $1,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S
	Fidelity Blue Chip Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S
	Ellen Cole's Fidelity IRA				
SP	Fidelity Cash Reserve	$1 - $1,000	INTEREST	$1 - $200	
SP	Fidelity Total Bond Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffrey Cole

SP	Fidelity Dividend Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
SP	Fidelity Diversified International Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
SP	Fidelity Spartan 500 Index Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
SP	Fidelity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S
SP	Fidelity Blue Chip Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S
SP	Fidelity Contrafund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
SP	Fidelity Aggressive Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S
	Tom Cole's 457 Sooner Savings				
	T. Rowe Price Balance Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Europacific A Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	American Century Income and Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Columbia Acorn Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Janus Small Cap. Value Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	T. Rowe Price Blue Chip Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffrey Cole

	Dreyfus Premium Leader A Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	BGI SDP Stock Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Tom Cole's Annuity				
	Main Stay VP Capital Approach Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	S
JT	Fidelity VIP Individual Freedom 2020	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
	Main Stay VP Index Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
	Main Stay VP Growth Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
	Main Stay VP Value Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINES	$1,001 - $2,500	S
	Fidelity Equity Income Fund	$1,001 - $15,000	DIVIDEND/CAPITAL GAINS	$1,001 - $2,500	S
	Alger American Small Capital Fund	$1,001 - $15,000	DIVIDEND/CAPITAL GAINS	$1,001 - $2,500	S
	Janus Worldwide Growth Fund	$1,001 - $15,000	DIVIDEND/CAPITAL GAINS	$1,001 - $2,500	S
	Ellen Cole NY Life IRA				
SP	Main Stay VP Cap. Appreciation Fund	$1,001 - $15,000	DIVIDEND/CAPITAL GAINS	$201 - $1,000	S
SP	Main Stay VP Equity Index Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffrey Cole

SP	Main Stay VP Growth Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	S
SP	Janus Balanced Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL Gains	$201 - $1,000	S
	Ellen Cole's 401K Fund				
SP	Fidelity Cash Reserves	$1 - $1,000	INTEREST	$1 - $200	
SP	Fidelity Ginnie Mae Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Capital Income Fund	$1 - $1,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Diversified International Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Fidelity Spartan 500 Index Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Blue Chip Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity OTC Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Aggressive Growth Fund	$1 - $1,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Tom Cole's Federal Thrift Savings Plan				
	G Fund	$15,001 - $50,000	INTEREST	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffrey Cole

	I Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	F Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	C Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	S Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Tom Cole's Annuity				
	State Farm Insurance / Annuity	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Ellen Cole's Annuity				
SP	State Farm Insurance Annuity	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffrey Cole

Report any purchase, sale or xchange by you, your spouse, or depend nt child during the reporting year of any real prop rty, stock , b nds, comm diti s futures, r th r securities when th am unt of the transacti n or series of transactions exceeded $1,000. Include tran actions that resulted in a loss. Do n t report a transacti n between y u, your spous , or your dependent child, or the purchase r sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Fidelity Contrafund	P	3-27-06	$1,001 - $15,000
JT	Kerr McGee	S	9-08-06	$15,001 - $50,000
	Fidelity Blue Chip Growth Fund (IRA)	S	3-24-06	$1,001 - $15,000
SP	Fidelity Blue Chip Fund (IRA)	S	3-24-06	$1,001 - $15,000
SP	Fidelity Contrafund (IRA)	P	3-24-06	$1,001 - $15,000
	American Century Ultra Fund	S	10-22-06	$15,001 - $50,000
	Main Stay VP Capital Approach Fund (IRA)	S	2-22-06	$1,001 - $15,000
JT	Fidelity VIP Individual Freedom 2020	P	2-22-06	$50,001 - $100,000
	Main Stay VP Index Equity Fund (IRA)	S	10-22-06	$1,001 - $15,000
	Main Stay VP Growth Equity Fund (IRA)	S	2-22-06	$1,001 - $15,000
	Main Stay VP Value Fund (IRA)	S	2-22-06	$1,001 - $15,000
	Fidelity Equity Income Fund (IRA)	S	2-22-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffrey Cole

R port any purchase, sal or exchang by you, your spous , r dependent child during the rep rting year of any real property, stocks, b nds, commodities futures, or other securities when the amount f th transacti n r series f transactions xceeded $1,000. Includ transactions that resulted in a loss. Do n t rep rt a transaction between you, your sp us , r your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Pr vid a bri f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Alger American Small Capital Fund (IRA)	S	2-22-06	$1,001 - $15,000
	Janus Worldwide Growth Fund (IRA)	S	2-22-06	$1,001 - $15,000
SP	Main Stay VP Cap. Appreciation Fund (IRA)	S	2-22-06	$1,001 - $15,000
SP	Main Stay VP Equity Index Fund (IRA)	S	2-22-06	$1,001 - $15,000
SP	Main Stay VP Growth Equity Fund (IRA)	S	2-22-06	$1,001 - $15,000
SP	Janus Balanced Fund (IRA)	S	2-22-06	$1,001 - $15,000
	Fidelity Diversified International Fund (IRA)	P	1-06-06	$1,001 - $15,000
	Fidelity Spartan 500 Index Fund (IRA)	P	1-6-06	$1,001 - $15,000
	Fidelity Total Bond Fund (IRA)	P	3-24-06	$1,001 - $15,000
	Fidelity Dividend Growth Fund (IRA)	P	3-26-06	$1,001 - $15,000
SP	Fidelity Diversified International Fund (IRA)	P	3-24-06	$1,001 - $15,000
SP	Fidelity Spartan 500 Index Fund (IRA)	P	3-24-06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffrey Cole

Rep rt any purchase, sale r exchange by you, your pouse, or dependent child during the rep rting year of any real property, st cks, b nds, comm dities futures, or oth r securiti s when the am unt of the transaction or series of transactions exceeded $1,000. Include transactions that result d in a l ss. D n t report a transacti n between you, your spouse, r your dependent child, r the purchase or sale of your personal re idence, unl s it is rented out. Pr vid a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Fidelity Total Bond Fund (IRA)	P	3-24-06	$1,001 - $15,000
SP	Fidelity Dividend Growth Fund (IRA)	P	3-24-06	$1,001 - $15,000
JT	Fidelity Contrafund	P	4-05-06	$1,001 - $15,000
JT	Fidelity Spartan 500 Index Fund	P	10-20-06	$1,001 - $15,000
SP	Fidelity Aggressive Growth Fund (IRA)	S	3-24-06	$1,001 - $15,000
SP	Fidelity Blue Chip Growth Fund (IRA)	S	3-24-06	$1,001 - $15,000
JT	Fidelity VIP Individual Freedom 2020	P	4-5-06	$50,001 - $100,000
JT	American Century International Growth Fund	P	4-17-06	$1,001 - $15,000
JT	Vanguard Total Int'l Stock Index	P	5-16-06	$1,001 - $15,000
JT	T. Rowe Price Equity Income Fund	P	5-16-06	$1,001 - $15,000
JT	Johnson Controls	P	6-05-06	$1,001 - $15,000
JT	Fidelity Municipal Income Fund	P	8-08-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffrey Col

Report any purchase, sal r exchange by you, your spouse, or dependent hild during the reporting year f any real property, stocks, b nds, commodities futures, or th r securities when the amount f the transaction or s ries of transactions exceeded $1,000. Includ transactions that resulted in a l ss. Do not report a transacti n between you, your sp use, r your d pendent child, or the purchase or sale of your p rs nal residence, unl s it is rented out. Pr vide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	American Century Tax Free Bond Fund	P	10-09-06	$15,001 - $50,000
JT	American Century Balanced Fund	S	10-09-06	$15,001 - $50,000
JT	Baron Asset Fund	P	10-20-06	$1,001 - $15,000
JT	Fidelity Dividend Growth Fund	P	10-20-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	1-15-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	2-15-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	3-15-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	4-15-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	5-15-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	6-15-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffrey Cole

Report any purchas , sale or exchang by you, your spouse, r d pendent child during the reporting year f any real property, stocks, b nds, comm diti s futures, or other securities wh n th amount of th transacti n or series of transactions exceeded $1,000. Includ transactions that resulted in a loss. D n t rep rt a transaction between you, your spous , or your dependent hild, r the purchase or sal of your personal residence, unless it is rent d out. Pr vide a bri f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	7-15-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	8-15-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	9-15-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	10-15-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	11-15-06	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Cmte on Standards)	S	12-15-06	$1,001 - $15,000
JT	Fidelity Dividend Growth Fund (IRA)	P	3-24-06	$1,001 - $15,000
JT	Fidelity Contrafund	P	10-20-06	$1,001 - $15,000
	Fidelity Contrafund (IRA)	P	3-24-06	$15,001 - $50,000
SP	Mainstay VP Common Stock (IRA)	S	2-22-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffrey Cole

Report any purchase, sale or exchange by you, your spouse, or dependent child during th reporting year f any real property, stocks, bonds, c mmodities future , r oth r securities wh n the am unt of the transaction or rl s of transactions exceeded $1,000. Include transactions that re ulted in a l ss. D not report a transacti n between you, your spous , r your d pendent child, or the purchase or sal of your personal residence, unless it is rented ut. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Fidelity Aggressive Growth Fund (IRA)	S	3-24-06	$1,001 - $15,000
	Fidelity Fund (IRA)	S	3-24-06	$1-$1000
JT	American Century Tax Free Bond Fund	P	10-10-06	$15,001 - $50,000
JT	American Century Ultra Fund	S	10-10-06	$15,001 - $50,000
SP	Fidelity Aggresive Growth Fund (IRA)	S	3-24-06	$1-$201

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Thomas Jeffrey Cole

Identify the source and list travel itinerary, dates, and nature of exp nses pr vid d f r travel and trav l-relat d xpens t taling more than $305 rec ived by you, your spouse, or a dependent child during th reporting period. Indicate whether a family member accompanied th travel r at th sp nsor's xpense, and the am unt f time, if any, that was not at the sp nsor's xpens . Disclosure is required regardl ss f wheth r th expenses were reimbursed r paid directly by th sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported und r th Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a sp us or dependent child that is totally independent of his or her relationship to you.

S urce	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute	Jan. 8-12	DC-Houston-Puerto Vallarta, Mexico	Y	Y	Y	None
Aspen Institute	Feb. 21-26	DC-Memphis, TN-Montego Bay, Jamaica	Y	Y	Y	None
Aspen Institute	Aug. 12-18	DC-Chicago-Krakow, Poland	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name Thomas Jeffrey Cole

Rep rt all positions, compensat d or uncompensated, held during the current calendar year as an officer, director, trustee of an organizati n, partner, proprietor, representative, employee, r consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor rganization, or any ducational r other instituti n other than the United Stat s. Exclud : Positions held in any religious, social, frat mal, or political entities; positions sol ly of an h norary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Fulbright Association (uncompensated)
Partner	Strategic Communications (unearned income, dividends and capital gains)
Partner	Cole, Hargrave, Snodgrass and Associates (unearned income: dividends and capital gains and management fee)
Board of Directors	Aspen Institute (uncompensated)

SCHEDULE IX - AGREEMENTS

Name Thomas Jeffrey Cole

Id ntify the date, parties to, and g neral t rms of any agreement or arrangement with respect to: future mployment; a leave of abs nce during th period of g vemm nt s rvice; c ntinuati n or d ferral of payments by a former or current employer other than the U.S. Government; or continuing participati n in an employee w lfare r benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
4-20-03	Cole, Hargrave, Snodgrass and Associates	Quarterly Management Fee of $5,000 from personal business. (Approved by Cmte on Standards)

LEGISLATIVE RESOURCE CENTER
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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

K. Michael Conaway
(Full Name)

511 Canon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
(202) 225-3605

Filer Status	[X] Member of the U.S. House of Representatives	State District	TX 11	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	K. Michael Conaway	05/14/07

Name	Page ___ of ___
K. Michael Conaway	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page ___ of
K. Michael Conaway	

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
NONE			

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Name	Page ___ of
K. Michael Conaway	

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Inc me Source

Identify (a) each asset held for inv stment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (at close of reporting year)	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP	SP Mega Corp Stock	X (E)	X (DIVIDENDS)	X (IV)	P
DC	Examples: Simon & Schuster	Indefinite	Royalties	X (VIII)	
JT	1st Bank of Paducah KY accounts	X (F)	X (RENT)	X (VI)	
See attached					

F r additi nal assets and un arned inc me, use next page.

K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2006
Schedule III
ASSETS AND "UNEARNED INCOME"

SP/DC/JT	Block A Assets and Income Source	Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	Block D Amount of Income Prior Year	Block E P.S.E
	Publicly traded common stock					
SP Trust	Novell	$1 - $1,000		NA	NA	
SP Trust	CISCO Systems	$1,001 - $15,000		NA	NA	
SP Trust	Micron Technology	$1,001 - $15,000		NA	NA	
SP Trust	Teradyne Inc	$1,001 - $15,000		NA	NA	
SP Trust	Microsoft Corp	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
SP Trust	Clayton Williams Energy	$15,001 - $50,000		NA	NA	
SP Trust	Southwest Airlines	$15,001 - $50,000	Dividend	$1 - $200	$1 - $200	
	Money Market accounts					
SP Trust	Centennial Money Market Trust	$1,001 - $15,000	Dividend	$1,001 - $2,500	$1,001 - $2,500	
SP Trust	Merrill Lynch Money Fund	$15,001 - $50,000	Interest	$1 - $200	$1 - $200	
SP Trust	RMA Money Market-UBS Paine Weber	$1,001 - $15,000	Dividend	$201 - $1,000	$1 - $200	
	Publicly traded mutual funds					
SP Trust	Dreyfus Premier Tax Managed Growth Fd Cl A	$15,001 - $50,000	Dividend	$201 - $1,000	NA	
SP Trust	Dreyfus Premier Tax Managed Growth Fd Cl B	$15,001 - $50,000	Dividend	$1 - $200	$1 - $200	
SP Trust	Eaton Vance Tax Managed Growth Fd Cl B	$50,001 - $100,000	Dividend	$1 - $200	$1 - $200	
SP Trust	Magnolia Texas ISD Bonds	$50,001 - $100,000	Interest	$2,501 - $5,000	$2,501 - $5,000	
SP Trust	Federated Municipal High Yield Advantage Fd Cl B	$50,001 - $100,000	Dividend	NA	$2,501 - $5,000	
SP Trust	Federated Municipal High Yield Advantage Fd Cl B		Interest-TE	$5,001 - $15,000	NA	
SP Trust	MFS Municipal High Income Fd Cl A	$100,001 - $250,000	Dividend	$1 - $200	$5,001 - $15,000	
SP Trust	MFS Municipal High Income Fd Cl A		Interest-TE	$5,001 - $15,000	NA	
SP Trust	Southwest Airlines	$15,001 - $50,000	Dividend	$1 - $200	$1 - $200	
SP Trust	Micron Technology	$1,001 - $15,000		NA	NA	
SP Trust	Wells Fargo Checking - Midland, Texas	$1,001 - $15,000	Interest	$201 - $1,000	$1 - $200	
SP Trust	Eaton Vance Tax Managed Growth Fund	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
SP Trust	Franklin Templeton Founding Fund	$50,001 - $100,000	Dividend	$1,001 - $2,500	$201 - $1,000	
SP Trust	Franklin Templeton Founding Fund		Capital Gain	$2,501 - $5,000	$201 - $1,000	
SP Trust	UBS Money Fund Fund	$1,001 - $15,000	Dividend	$201 - $1,000	$201 - $1,000	
SP Trust	Centennial Money Market Trust	$15,001 - $50,000	Dividend	$1,001 - $2,500	$201 - $1,000	
	Managed Trusts					
SP Trust	Merrill Lynch Managed Account-Acct N	$250,001 - $500,000	Dividend & Interest	$2,501 - $5,000	$5,001 - $15,000	
SP Trust	Merrill Lynch Managed Account-Acct N		Capital Gain	$15,001 - $50,000	$50,001 - $100,000	
SP Trust	Merrill Lynch Managed Account-Acct E	NA	Dividend & Interest	NA	$1,001 - $2,500	
SP Trust	Merrill Lynch Managed Account-Acct E		Capital Gain	NA	$15,001 - $50,000	

SP/DC/JT	Block A Assets and Income Source	Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	 Prior Year	Block E P,S,E
	Two above Merrill Lynch Manager Accounts combined into one account during year					
SP Trust	Kidwell Exploration-S Corp, Midland, Texas	$15,001 - $50,000	Oil & Gas Royalty	$2,501 - $5,000	$2,501 - $5,000	
SP Trust	Oil & Gas Mineral Interests	$50,001 - $100,000	Oil & Gas Royalty	$2,501 - $5,000	$5,001 - $15,000	
SP Trust	La Otra Cattle Co - Partnership - Midland, Texas	$15,001 - $50,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP Trust	Telephonica Moviles Argentina SA BA Ord	*Price not available*		NA	NA	
SP Trust	Telephonica de Argentina SA Ord Cl B	$1,001 - $15,000		NA	NA	
JT	Conawell Corporation-S Corp, Midland, Texas	$50,001 - $100,000	Dividend	$15,001 - $50,000	$15,001 - $50,000	
JT	Merrill Lynch Money Fund	$15,001 - $50,000	Interest	$201 - $1,000	$201 - $1,000	
JT	Clayton Williams Energy - common stock	$15,001 - $50,000		NA	NA	
JT	Wells Fargo Bank - checking - Midland, Texas	$15,001 - $50,000	Interest	$1 - $200	$1 - $200	
JT	Wells Fargo Bank - savings - Midland, Texas	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
JT	Wright Patman Federal Credit Union - checking	$1,001 - $15,000		NA	NA	
JT	Wright Patman Federal Credit Union - savings	$1 - $1,000	Interest	NA	NA	
JT	Novell, Inc	$1 - $1,000		NA	NA	
JT	Turbosonic Technologies	$1 - $1,000		NA	NA	
JT	Centennial Money Market	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
KMC	Lario Oil & Gas Co. - Oil & Gas - Midland, Texas	$1,001 - $15,000	Oil & Gas Royalty	$2,501 - $5,000	$2,501 - $5,000	
KMC	KMC, Inc. - Investments - Midland, Texas	$1,001 - $15,000		NA	NA	
KMC	Conabain Corp - Oil & Gas - Midland, Texas	$1,001 - $15,000	Oil & Gas Royalty	$1 - $200	$1 - $200	
	Publicly traded common stock					
KMC	Harkin Energy	$1,001 - $15,000		NA	NA	
	Publicly traded mutual funds					
SP	Van Kampen Tax Exempt High Yield Fund	$100,001 - $250,000	Dividend	$5,001 - $15,000	$5,001 - $15,000	
SP	Oppenheimer Rochester Nat'l Muni Fund Cl A	$50,001 - $100,000		$2,501 - $5,000	NA	
SP	Merrill Lynch Bank & Trust	$100,001 - $250,000	Interest	$201 - $1,000	$2,501 - $5,000	
SP	Pioneer Municipal High Income Advantage	$100,001 - $250,000	Dividend-TE	$5,001 - $15,000	$5,001 - $15,000	
SP	UBS Bank USA Dep Acct	$15,001 - $50,000	Dividend	$201 - $1,000	$1,001 - $2,500	
SP	Federated Strategic Income Fund	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
SP	Federated Market Opportunities Fund	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
SP	Federated Kaufman Fund	$15,001 - $50,000	Capital Gain	$1,001 - $2,500	$201 - $1,000	
SP	Federated Kaufman Fund		Dividend	$1 - $200	$1 - $200	
SP	Federated Capital Appreciation Fund	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
SP	Federated Capital Appreciation Fund		Capital Gain	$1,001 - $2,500	NA	
SP	Franklin Templeton Founding Fund	$1,001 - $15,000	Dividend	$201 - $1,000	$201 - $1,000	
SP	Franklin Templeton Founding Fund		Capital Gain	$201 - $1,000	NA	
SP	DWS Short Term Muni Bond Fund Cl A	$500,001 - $1,000,000	Dividend-TE	$15,001 - $50,000		
SP	Scudder Short Term Muni Bond Fund	NA	Dividend-TE	NA	$15,001 - $50,000	
	Scudder name change to DWS Short Term above					
SP	Houston Texas Water & Sewer Bonds 5.25%	NA	Interest-TE	$2,501 - $5,000	$5,001 - $15,000	S
SP	Westernbank CD 3.45% 05/11/06	NA	Interest	$1,001 - $2,500	$1,001 - $2,500	S
SP	Oriental Bank & Trust CD 3.5% 06/08/05	$50,001 - $100,000	Interest		$1,001 - $2,500	

SP/DC/JT	Block A Assets and Income Source	Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	Block D Amount of Income Prior Year	Block E P.S.E
SP	Eurobank CD 5.10% 01/10/07	$50,001 - $100,000	Interest	$1,001 - $2,500	NA	P
SP	GMAC Bank Midvale 05.25% 07/12/07	$50,001 - $100,000	Interest	$1,001 - $2,500	NA	P
SP	Capital One Bank CD 3.85% 05/18/07	$50,001 - $100,000	Interest	$2,501 - $5,000	$1,001 - $2,500	
SP	Westernbank CD 3.85% 05/18/07	$50,001 - $100,000	Interest	$2,501 - $5,000	$1,001 - $2,500	
SP	Magnolia Texas ISD Bonds 5.125% 08	$50,001 - $100,000	Interest	$2,501 - $5,000	$2,501 - $5,000	
SP	Wells Fargo Bank - checking - Midland, Texas	$50,001 - $100,000	Interest	$201 - $1,000	$1 - $200	
SP	La Otra Cattle Co - Partnership - Midland, Texas	$15,001 - $50,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP	Kidwell Exploration, S Corp-Midland, Texas	$15,001 - $50,000	Oil & Gas Royalty	$2,501 - $5,000	$2,501 - $5,000	
SP	SV Investments, Ltd	$15,001 - $50,000	Investment Partnership	NA	NA	
SP	Prudential SSA	NA	Structured Settlement Payment	$50,001 - $100,000	$50,001 - $100,000	
SP	Met life Insurance	NA	Structured Settlement Payment	$50,001 - $100,000	$50,001 - $100,000	
SP	Allstate Insurance	NA	Structured Settlement Payment	$15,001 - $50,000	$15,001 - $50,000	
JT-IRA	JP Morgan Chase common stock	$50,001 - $100,000	Dividend	$1,001 - $2,500	$1,001 - $2,500	
JT-IRA	IBM common stock	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
JT-IRA	AIM Capital Development Fund	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
JT-IRA	AIM Capital Development Fund		Capital Gain	$2,501 - $5,000	$2,501 - $5,000	
JT-IRA	Alliance Bernstein Growth Fund	$15,001 - $50,000	Dividend	NA	NA	
JT-IRA	Federated Strategic Income Fund	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Federated Market Opportunities Fund	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Federated Market Opportunities Fund		Capital Gain	$201 - $1,000	$201 - $1,000	
JT-IRA	Federated Kaufman Fund	$1,001 - $15,000	Dividend	$1 - $200	NA	
JT-IRA	Federated Kaufman Fund		Capital Gain	$201 - $1,000	$201 - $1,000	
JT-IRA	Federated Capital Appreciation Fund	$1,001 - $15,000	Dividend	$1 - $200	NA	
JT-IRA	UBS U.S. Allocation Fund	$15,001 - $50,000	Dividend	$1,001 - $2,500	$201 - $1,000	
JT-IRA	MFS Capital Opportunities Fund	$15,001 - $50,000	Dividend	NA	NA	
JT-IRA	UBS PW Retirement Money Fund	$1 - $1,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	AIM Constellation Fund	$1,001 - $15,000		NA	NA	
JT-IRA	Valley National Bancorp	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	ML Bank USA RASP	$1 - $1,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Centennial Money Market Trust	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Putnam Health Science Trust	$1,001 - $15,000	Dividend	$1 - $200	NA	
JT-IRA	Putnam Health Science Trust		Capital Gains	$1 - $200	NA	
JT-IRA	Eaton Vance Special Investment Trust	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Eaton Vance Special Investment Trust		Capital Gains	$1 - $200	NA	
JT-IRA	US Treasury Strips	$1,001 - $15,000		NA	NA	
SP	Edward Jones Money Market	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
SP	Port Seattle Washington Rev Bd 10/01/08	$1,001 - $15,000	Interest	$201 - $1,000	$1 - $200	
SP	Chicago Il Midway Rev Bd 01/01/2011	$1,001 - $15,000	Interest	$201 - $1,000	$1 - $200	
SP	Dallas/Ft Worth Intl Airport Rev Bd 11/01/2009	$1,001 - $15,000	Interest	$201 - $1,000	$1 - $200	
SP	Van Kampen Unit Trust 490 Series 18	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
SP	AT&T Common Stock	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
SP	Campbell Soup Common Stock	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	

SP/DC/JT	Block A Assets and Income Source	Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	 Prior Year	Block E P,S,E
SP	Coca-Cola Common Stock	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
SP	Microsoft Corp common Stock	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
SP	AMCAP Fund Cl A	$1,001 - $15,000	Dividend	$1 - $200	NA	P
SP	AMCAP Fund Cl A		Capital Gains	$1 - $200	NA	
SP	American Balanced Fund Cl A	$1,001 - $15,000	Dividend	$201 - $1,000	$1 - $200	
SP	American Balanced Fund Cl A		Capital Gains	$1 - $200	NA	
SP	American Mutual Fund Cl A	$1,001 - $15,000	Dividend	$201 - $1,000	$1 - $200	
SP	American Mutual Fund Cl A		Capital Gains	$201 - $1,000	NA	
SP	Capital Income Builder Fund Cl A	$1,001 - $15,000	Dividend	$201 - $1,000	$201 - $1,000	
SP	Capital Income Builder Fund Cl A		Capital Gains	$201 - $1,000	NA	
SP	Capital World Growth & Income Fund Cl A	$50,001 - $100,000	Dividend	$201 - $1,000	$201 - $1,000	
SP	Capital World Growth & Income Fund Cl A		Capital Gains	$1,001 - $2,500	NA	
SP	Columbia Tax Exempt Fund Cl A	$15,001 - $50,000	Interest-exempt	$1,001 - $2,500	$201 - $1,000	
SP	Euro Pacific Growth Fund Cl A	$1,001 - $15,000	Dividend	$201 - $1,000	NA	
SP	Euro Pacific Growth Fund Cl A		Capital Gains	$201 - $1,000	NA	
SP	Federated Equity Income Fund Cl A	$15,001 - $50,000	Dividend	$1,001 - $2,500	$1 - $200	
SP	Fundamental Investors Fund Cl A	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
SP	Fundamental Investors Fund Cl A		Capital Gains	$1,001 - $2,500	NA	
SP	Growth Fund of America Cl A	$1,001 - $15,000	Dividend	$201 - $1,000	$1 - $200	
SP	Growth Fund of America Cl A			$201 - $1,000	NA	
SP	Hartford Global Health Fund Cl A	$1,001 - $15,000	Dividend	$1 - $200	NA	
SP	Hartford Stock Fund Cl A	$1,001 - $15,000	Dividend	$1,001 - $2,500	NA	
SP	Investment Company of America Cl A	$15,001 - $50,000	Dividend	$201 - $1,000	$201 - $1,000	
SP	Investment Company of America Cl A		Capital Gains	$1,001 - $2,500	NA	
SP	New World Fund Cl A	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
SP	New World Fund Cl A		Capital Gains	$201 - $1,000	NA	
SP	Putnam Health Sciences Trust Fund Cl A	$1,001 - $15,000	Dividend		NA	P
SP	Putnam Health Sciences Trust Fund Cl A		Capital Gains	$201 - $1,000	NA	
SP	Tax Exempt Bond Fund of America Cl A	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
SP	Washington Mutual Investors Fund Cl A	$50,001 - $100,000	Dividend	$1,001 - $2,500	$201 - $1,000	
SP	Washington Mutual Investors Fund Cl A		Capital Gains	$1,001 - $2,500	NA	
SP-IRA	Washington Mutual Investors Fund Cl A	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	
SP-IRA	Washington Mutual Investors Fund Cl A	$1,001 - $15,000	Capital Gains	$1 - $200	NA	
SP	Farm Land Eastland County, Texas 2/3 undivided interest in 89 acres (1/3 inheritance, purchase of additional 1/3)	$100,001 - $250,000		NA	NA	P
SP	Various Louisiana oil & gas royalty interests	$15,001 - $50,000	Oil & Gas Royalty interest	$2,501 - $5,000	NA	
SP	Wells Fargo Bank Account-Beneficial Interest (these are inherited interests)	$1,001 - $15,000	Interest	$201 - $1,000	NA	

SCHEDULE IV — TRANSACTIONS

Name: K. Michael Conaway | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.	Type of Transaction			Date	Amount of Transaction									
SP DC JT Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP *Example:* Mega Corporation Common Stock	X			10–12–06		X								
See attached														

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K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2006
Schedule IV
TRANSACTIONS

SP/DC/JT	Asset	Type of Transaction			Date	Amount
		Purchase	Sale	Exchange		
SP	Eurobank CD 5.10% 01/10/07	P			06/30/06	$50,001 - $100,000
SP	GMAC Bank Midvale 05.25% 07/12/07	P			07/03/06	$50,001 - $100,000
SP	Houston Texas Water & Sewer Bonds 5.25%		S		12/01/06	$100,001 - $250,000
SP	Westernbank CD 3.45% 05/11/06		S		05/11/06	$50,001 - $100,000
SP	AMCAP Fund Cl A	P			07/21/06	$1,001 - $15,000
SP	Putnam Health Sciences Trust Fund Cl A	P			05/12/06	$1,001 - $15,000
SP	Oriental Bank & Trust CD 3.5% 06/08/05		S		06/19/06	$50,001 - $100,000
SP	Farm Land Eastland County, Texas 2/3 undivided interest in 89 acres (1/3 inheritance, purchase of additional 1/3)	P			12/30/06	$50,001 - $100,000
SP	Various Louisiana oil & gas royalty interests					
SP	Wells Fargo Bank Account-Beneficial Interest					

Name	K. Michael Conaway	Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

Name	K. Michael Conaway	Page ... of .

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	See attached						

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K. MICHAEL CONAWAY

Financial Disclosure Statement

December 31, 2006

Schedule VII

Travel Payments And Reimbursements

Source	Date(s)	Point of Departure-Destination-Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expenses
Heritage Foundation	Jan 29 - Jan 31	Washington, DC - Baltimore, MD - Washington, DC	Y	Y	N	0
National Association of State Boards of Accountancy, Inc.	Oct 28 - Nov 1	Midland, TX - Atlanta, GA- Midland, TX	Y	Y	Y	0

Name	K. Michael Conaway	Page	of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclud : Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
See attached	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Dat	Parties To	Terms of Agreement
	None	

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

K. MICHAEL CONAWAY

Financial Disclosure Statement

December 31, 2006

Schedule VIII

POSITIONS

Position	Name of Organization	2006
Board member - Lifetime	United Way of Midland	Yes
School of Education Advisory Council	University of Texas Permian Basin	Yes
Board of Directors and Rodeo Committee	Sandhills Hereford & Quarterhorse Show, Inc.	Yes
Board of directors	Texas Society of Certified Public Accountants	Yes
Sole Proprietor	K. Michael Conaway, CPA	Yes
Board of directors - President	Conawell Corporation	Yes
Board of directors - President	Conabain Corporation	Yes
Board of directors - President	KMC, Inc.	Yes
Board of directors - Vice-President	Kidwell Exploration	Yes
Chairman	City of Midland - Citizens Advisory Committee - Comprehensive Plan	
Member	Beta Alpha Psi - National Advisory Forum	

HAND DELIVERED

K. Michael Conaway
Member of Congress
11th District of Texas
511 Cannon Building
Washington, D.C. 20515

LEGISLATIVE RESOURCE CENTER
2007 JUN 12 PM 1:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 31, 2007

HC

Office of the Clerk
U.S. House of Representatives
Legislative Resource Center, Room B-106
Cannon House Office Building
Washington, D.C. 20515-6612

RE: Amended Financial Disclosure Statement - 2005

Dear Sir,

I have included an original and two copies of the Cover Page and Schedule VII.

Schedule VII has been amended to reflect a trip occurring from October 28, 2005 through November 1, 2005.

Sincerely,

K. Michael Conaway

(432) 685-1433 - (432) 685-1435 facsimile
mikeconaway65@yahoo.com

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A
For use by Members, officers, and employees

HAND DELIVERED

RESOURCE CENTER
2007 JUN 12 PM 1:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

K. Michael Conaway
(Full Name)

511 Canon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (202) 225-3605

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, compl te and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, omplete and attach Schedule III.**	Yes [ ]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	N [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If y s, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If y s, c mplete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" respons .**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all thr e tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designe . Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	K. Mike Conaway	5/29/07

K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2005
Schedule VII
Travel Payments And Reimbursements

Source	Date(s)	Point of Departure-Destination-Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expenses
Heritage Foundation	Jan 17 - Jan 18	Washington, DC - Baltimore, MD - Washington, DC	Y	Y	N	0
Chicago Mercantile Exchange	Apr 11 - Apr 12	Washington, DC - Chicago, IL Washington, DC	Y	Y	N	0
National Association of State Boards of Accountancy, Inc.	Oct 28 - Nov 01	Washington, DC - Tucson, AZ Washington, DC	Y	Y	Y	0

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

John Conyers, Jr.
(Full Name)
2426 Rayburn House Office Building
(Mailing Address)
Washington, D.C. 20515
Daytime Telephone: (202) 225-5126

Filer Status	[X] Member of the U.S. House of Representatives — State: Michigan District: 14th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be ass ss d against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complet and attach Schedule I**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting p riod? **If yes, complet and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	N [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, c mplete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, c mplete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complet and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	N [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Conyers, Jr.	5/15/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Council Member for the City of Detroit, Michigan	Spouse Salary	NA

For payments t charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
NA			

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Name John Conyers, Jr. | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP		SP	Mega Corp. Stock					X							X										X								P
DC,	*Examples:*		Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X										X						
SP	Investment Property 3351 Charlevoix St. Detroit, MI 48207					X									X							X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (*if needed*)

Name John Conyers, Jr. Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Incom Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	NA																													

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SCHEDULE IV — TRANSACTIONS

Name John Conyers, Jr. Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10-12-06		X								
	NA															

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Name John Conyers, Jr. Page 1 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Federal Credit Union	Overdraft Reserve	X									
	Sallie Mae	Unsecured Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NA		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	New Democracy Project	Jan. 21-22	DC - New York - Detroit	N	N	N	None
	Harpers Magazine, Inc.	Mar. 2-3	DC - New York - Detroit	Y	Y	N	None.
	Thomas Jefferson School of Law	Mar. 17-18	DC - San Diego - Detroit	Y	Y	N	None
	Health Care Now - Susan Brennan	May 6	Detroit - NY - DC	N	N	N	None
	Rainbow Push Coalition	June 10	DC - Chicago - Detroit	Y	N	N	None
	N'Digo Foundation	June 24-26	Detroit - Chicago - Detroit	Y	N	N	None
	Coalition to Promote Minority Health	July 6-8	Detroit - Los Angeles - Detroit	Y	N	N	None
	Department of Peace Midwest Region	July 22	Detroit - Kalamazoo - Detroit	N	N	N	None
	American Political Science Association	Sept. 2-3	Detroit - Philadelphia -	Y	N	N	None
	National Alliance of Black School Educ	Nov. 11-12	Detroit - Florida - Chicago	Y	N	N	None
	Physicians for National Healthcare	Nov. 29-30	Detroit - NY - Detroit	Y	N	N	None.

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NA	

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED (12)
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U.S. HOUSE OF REPRESENTATIVES
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James H.S. ("Jim") Cooper
(Full Name)

2319 Woodmont Blvd. Nashville, TN 37215
(Mailing Address)

202-225-4311
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: TN District: 5 — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ N ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ N ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ N ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Ex mptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedul s are true, complete and correct to the best of my knowledge and belief.	J. Cooper	June 13, 2007

SCHEDULE I - EARNED INCOME

Name James H.S. ("Jim") Cooper

List the s urce, type, and amount of earned inc me from any source (other than the filer's current mployment by the U.S. G vernment) totalling $200 or more during th preceding calendar year. For a spouse, list the source and amount of any hon raria; list nly the s urce f r other spous earned income xceeding $1,000.

Source	Type	Amount
Owen School of Management, Vanderbilt Univ rsity, Adjunct Professor	Approved Teaching Fee	$22,500

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name James H.S. ("Jim") Cooper

List the s urce, activity (i.e., speech, appearance, or artic!), dat , and amount of any paym nt made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving su h payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in ach Member's filing package.

Source	Activity	Date	Amount
Nashville Women's Political Caucus	"Good Guy" Award	Sept. 21, 2006	$1,000 to Girl Scout Council of Cumberland Valley

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

BLOCK A **Ass t and/ r Income Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provid an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. *Government retirement programs*. If you so choos , you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Incom** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), r exchanged (E) in reporting year.
2317B Woodmont Blvd., Nashville, TN (vacant lot of 1.5+ acres adjoining home, remaining from the purchase of the Daugherty property and sale of a portion to the Spaldings)	$500,001 - $1,000,000	None	NONE	
Adam's Properties, Gulfport, MS, 1504 Beach Drive, vacant lot	$50,001 - $100,000	Distribution for taxes	$15,001 - $50,000	(destroyed by Hurricane Katrina)
Assistive Technology Company stock, wheelchair distributor, Naperville, IL	$50,001 - $100,000	CAPITAL GAINS	NONE	
ATT stock	$1 - $1,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

Berkshire Hathaway stock	$100,001 - $250,000	CAPITAL GAINS	NONE
Centennial Money Market shares	$250,001 - $500,000	INTEREST	$5,001 - $15,000
Coca Cola stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
Comcast New A stock	$1,001 - $15,000	DIVIDENDS	NONE
Congressional Credit Union checking and savings accounts	$15,001 - $50,000	INTEREST	$201 - $1,000
Cooper Bros. Partnership, farm land and lots, Shelbyville, TN and Smith Mills, KY, and Nashville, TN (see attached schedule for details)	$500,001 - $1,000,000	Partnership Income	K-1 Not Yet Filed
Discovery Fund, L.P.	$1,001 - $15,000	CAPITAL GAINS	NONE
DNP (Duff & Phelps) Select Income shares	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500
EDT Learning Co. Stock (now called ILinc Communications)	$1,001 - $15,000	CAPITAL GAINS	NONE
Essent Health Care stock, hospital company, Nashville, TN	$50,001 - $100,000	CAPITAL GAINS	NONE
Federated GNMA Institutional shares	$1,001 - $15,000	DIVIDENDS	$1 - $200
Fidelity Contrafund shares	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
Fidelity Growth and Income shares	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

Fidelity Municipal Money Market shares	$15,001 - $50,000	INTEREST	$1,001 - $2,500
Fifth Third Bank stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
General Electric stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
Hamilton Fairfax, LLC, Nashville, TN, 2106 Fairfax, apartment building	$100,001 - $250,000	Partnership Income	K-1 Not Yet Filed
Harpeth Green Properties, LLC, Brentwood, TN, Heritage Retirement Facilities LLC and Heritage Health Center LLC, Heritage Way	$100,001 - $250,000	Partnership Income	K-1 Not Yet Filed
Hewlett Packard stock	$1,001 - $15,000	DIVIDENDS	$1 - $200
IBM stock	$50,001 - $100,000	DIVIDENDS	$201 - $1,000
Intel stock	$50,001 - $100,000	DIVIDENDS	$201 - $1,000
Lennox International stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
Microsoft stock	$1,001 - $15,000	DIVIDENDS	$1 - $200
Nortel stock	$1,001 - $15,000	CAPITAL GAINS	NONE
Northern Trust Inst. Gov. Portfolio	$100,001 - $250,000	INTEREST	$2,501 - $5,000
Phoenix Companies stock	$1,001 - $15,000	DIVIDENDS	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

	PLC Properties LLC, Brentwood, TN, Virginia Way, undeveloped land, and Orlinda, TN, 5557 Hwy 31 West, warehouse	$500,001 - $1,000,000	Partnership Income	K-1 Not Yet Filed
	Procter and Gamble stock	$1,001 - $15,000	DIVIDENDS	$1 - $200
	Qualcomm stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
	Small Town Cable Partners, cable TV company, Brentwood, TN	$15,001 - $50,000	CAPITAL GAINS	NONE
	SunTrust Bank checking account	$50,001 - $100,000	INTEREST	$1 - $200
	SunTrust Bank stock	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000
	Thoma Cressey Friends Funds VI and VII, venture capital funds, Chicago, IL	$250,001 - $500,000	CAPITAL GAINS	$15,001 - $50,000
	TIAA-CREF	$15,001 - $50,000	INTEREST/CAPITAL GAINS	$201 - $1,000
	Wachovia stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500

SCHEDULE IV - TRANSACTIONS

Name James H.S. ("Jim") Cooper

Report any purchase, sale r exchange by you, your spouse, r dependent child during the reporting year of any real property, tocks, bond , c mm ditles futures, r ther securities when th amount of the transacti n or series f transactions exceeded $1,000. In lude transacti ns that resulted in a loss. Do not report a transaction between you, your spouse, r your d pendent child, r the purchase r sale f your pers nal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transacti n
	Thoma Cressey Friends Funds VI and VII, venture capital funds, Chicago, IL	E	Various dates	$100,001 - $250,000
	Northern Trust Inst. Gov. Portfolio	P	Various dates	$100,001 - $250,000
	Centennial Money Market	P	Various dates	$250,001 - $500,000
	Cooper Bros. Purchase of 410 Deery Street, Shelbyville, TN (Tax Map 89-B-J, Parcel 2)	P	Oct. 19, 2006	$15,001 - $50,000
	Cooper Bros. Sale of 319 E. Lane St., Shelbyville, TN	S	Dec. 13, 2006	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James H.S. ("Jim") Cooper

Identify th source and list travel itin rary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member acc mpanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse r dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program on Islam	May 29-June 4	Nashville - Istanbul-Nashville	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name James H.S. ("Jim") Cooper

Report all positions, compensated r unc mpensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, mployee, r consultant of any corporation, firm, partnership, r any business enterprise, any n nprofit organization, any labor organization, or any educational r oth r institution other than the United States. Exclude: Positions held in any religi us, social, fraternal, or political entities; positions solely of an h norary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	PLC Properties LLC
Member	Hamilton Fairfax LLC
Partner	Cooper Bros. Land Company
Limited Partner	Thoma Cressey Friends Funds VI and VII, L.P.
Limted Partner	Small Town Communications Partners I, L.P.
Limited Partner	The Discovery Fund, L.P.
Member	Harpeth Green Properties, LLC
Director	Health Care Solutions Group Advisory Board, Center for Better Health, Vanderbilt University (a non-profit think tank)
Adjunct Professor	Owen School of Management, Vanderbilt University

2006 Financial Disclosure Statement
Supplementary Schedule

Schedule III

Cooper Brothers Partnership

Assets:

Located in or near Shelbyville, TN

- Lots at 756 Madison Street
  - Purchased 12/31/65, 7/29/77, and 2/16/88; tax appraisal value $665,400
- Lot on Holland Street
  - Purchased 7/29/77, 12/27/72, and 1/31/70; tax appraisal $43,300
- Lot on Depot Street
  - Purchased 12/31/85; tax appraisal $35,500
- Lots at 319, 401, 409, and 414 East Lane Street, and 410 Deery Street
  - Purchased 7/1/54, tax appraisal value $21,000 – Sold on Dec.13, 2006
  - Purchased 11/25/03, tax appraisal value $111,700
  - Purchased 12/30/89, tax appraisal value $26,700
  - Purchased 12/28/92, tax appraisal value $59,500
  - Purchased 410 Deery St. on 10/19/06 for $34,000
- Farm at 497 Shofner Bridge Road, 463 acres
  - Purchased 7/29/77; tax appraised value $447,200
- Field on Thompson Creek Road, 80 acres
  - Purchased 12/31/87, tax appraisal $30,300

Located in or near Smith Mills, KY (near Henderson, KY)

- Bank appraised value of all KY farms in 1999 at $1.6 million
  - Tweedy and Floyd Farms, Hwy. 266, 575 acres
    - Purchased 5/18/69 and 3/27/74
  - Utley Farms, Burbank Road, 75 acres
    - Purchased 1979
  - Mueth and Brahm Farms, Alzey-Uniontown Road, 270 acres
    - Purchased 1/28/87
  - Klondike Farm, Klondike Road, 453 acres
    - Purchased 5/18/69, 1988

Located in Brentwood, TN

- Park Center Partnership I, owns 21% of Gambro Bldg.
  - Purchased 9/30/00; tax appraised value $9,352,300
- Park Center Partnership II, owns 21% of LBMC Bldg.
  - Purchased 9/30/00; tax appraised value $8,853,200

These partnerships were formed to develop the Gambro and LBMC Financial Center office buildings on Virginia Way in Maryland Farms

Located in Nashville, TN

- Lot 6A at 648 Grassmere Office Park, Trousdale Pike, Nashville, TN
  - This lot was contributed to a development entity, Grassmere Five LLC in return for a 58% ownership interest; tax appraised value $656,900

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

James M. Costa
(Full Name)

1314 Longworth House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-3341
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: CA District: 20 — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ N ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		5-15-07

SCHEDULE I - EARNED INCOME

Name James M. Costa

List the source, type, and amount f earned income from any urce (other than the filer's current employment by the U.S. Governm nt) t taling $200 r mor during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source f r oth r spous earned income xceeding $1,000.

Source	Type	Amount
State of California Legislators Retirement Systems	Legislative Pension	$9,777
Costa Farms	Farm	$127,302

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James M. Costa

BLOCK A **Asset and/ r Inc me Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any ther asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i. ., one where you have the power to select the specific investm nts) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the instituti n holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state th nature of the business and its geographic location. F r additional inf mation, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, nr sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. G vernment retirement programs. If y u so ch ose, you may indicate that an asset or income source is that of y ur sp use (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Typ of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT Wachovia Securities	$1 - $1,000	DIVIDENDS	$1 - $200	
Wachovia Securities 401K	$100,001 - $250,000	Retirement Plan	NONE	
Costa Farms Fresno, CA	$1,000,001 - $5,000,000	Farm Real Estate	$100,001 - $1,000,000	
Premier Valley Bank Stock	$15,001 - $50,000	DIVIDENDS	NONE	
Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
JT Bank of America Brokerage	$250,001 - $500,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James M. Costa

JT	Bank of America Accounts	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Bank of America Checking	$1,001 - $15,000	INTEREST	$1 - $200	
	408 5th Street St. SE, Washington D.C.	$500,001 - $1,000,000	RENT	$5,001 - $15,000	P

SCHEDULE IV - TRANSACTIONS

Name James M. Costa

Report any purchas , sale or exchange by you, your spouse, or dependent child during the rep rting year of any real property, stocks, b nd , commodities futures, or th r s curiti s when the am unt of the transacti n r series of transacti ns exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spous , or your d p ndent child, or the purchase r sale f your personal residenc , unless it is rented ut. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	408 5th Street St. SE, Washington D.C.	P	07-18-06	$500,001 - $1,000,000

SCHEDULE V - LIABILITIES

Name James M. Costa

R port liabilities of over $10,000 owed to any n creditor at any time during th reporting period by y u, your spouse, or d pendent child. Mark the high st amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobil s, h usehold furniture, or appliances; and liabilities owed to a spouse, r the child, parent, or sibling of y u or your spouse. Report "revolving charg acc unts" (i.e., credit cards) nly if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	United Security Bank	Personal Loan	$100,001 - $250,000
	The National Capital Bank, Washington D.C.	Mortgage on 408 5th St. SE., Washington D.C.	$500,001 - $1,000,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James M. Costa

Identify the sourc and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 rec ived by you, your spouse, or a dependent child during the reporting period. Indicate wheth r a family member accompanied the traveler at the sponsor' expense, and the am unt of time, if any, that was not at th sponsor's expense. Disclosure is required regardless of wheth r the expenses were reimbursed r paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spous or d pendent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expens
J.G. Boswell Co.	Apr 11	Fresno-Mendota-Fresno	N	N	N	None
Congressional Economic Lead rship Institute, William & Flora Hewlett Foundation, American Airlines, Merck, Unilever, Allianz, AIG, Embraer	Nov 23 - Dec 2	NYC - Rome, Italy - Geneva, Switzerland - Washington DC	Y	Y	N	1 Day

SCHEDULE VIII - POSITIONS

Name James M. Costa

R port all positions, compensated r unc mpensated, h ld during the current calendar year as an officer, director, trustee f an rganizati n, partner, propri tor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organizati n, any lab r organizati n, or any educati nal r other institution other than the United States. Exclude: Positi ns held in any religious, social, fraternal, or political ntities; positions s lely f an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	National Conference of State Legislatures Foundation
Board Member	The Maddy Institute, CA State University - Fresno

FOOTNOTES

Name James M. Costa

Numb r	Secti n / Sch dule	Footnote	This note refers t the following item
1	Schedule III	Power of attorney privilege on account with elderly parent	Wachovia Securities
2	Schedule III	Power of attorney privilege on account with elderly parent	Bank of America Brokerage
3	Schedule III	Power of attorney privilege on account with elderly parent	Bank of America Accounts

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

JERRY F. COSTELLO
(Full Name)

2608 PRO TOUR DR BELLEVILLE, IL 62220
(Mailing Address)

WILLIAM B. SCHALTENBRAND
618-398-4173
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: IL District: 12	☐ Officer Or Employee — Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If ye , complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ N ☑
Ex mptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	x Jerry F. Costello	x 5/12/07

943

SCHEDULE I - EARNED INCOME

Name JERRY F. COSTELLO

List th source, type, and amount f earned income from any sourc (other than th filer's current employment by th U.S. G vemm nt) totaling $200 or m re during th preceding calendar year. F r a sp use, list the source and amount f any honoraria; list only the source for oth r spous earned inc m xceeding $1,000.

Source	Type	Amount
ST. CLAIR COUNTY EDUCATION COOP BOARD	SPOUSE SALARY	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JERRY F. COSTELLO

	BLOCK A **Ass t and/or Inc me Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additi nal information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Incom** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	WEST POINTE BANCORP, INC. STOCK-IRA	None	DIVIDENDS/CAP ITAL GAINS	$50,001 - $100,000	S
SP	WEST POINTE BANCORP, INC. STOCK-IRA	None	DIVIDENDS/CAP ITAL GAINS	$50,001 - $100,000	S
	PUTNAM INTERNATIONAL-NEW OPPORTUNITY FD-CL-A-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	PUTNAM INTERNATIONAL-NEW OPPORTUNITY FD-CL-A-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	LORD ABBET MID CAPITAL VALUE FD-CL-B-IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	LORD ABBET MID CAPITAL VALUE FD-CL-B-IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JERRY F. COSTELLO

	HANCOCK JOHN BANK & THRIFT OPPORTUNITY FUND-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	HANCOCK JOHN BANK & THRIFT OPPORTUNITY FUND-IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	OLIN CORP NEW-STOCK-IRA	$1,001 - $15,000	DIVIDENDS	NONE	P
SP	OLIN CORP NEW-STOCK-IRA	$1,001 - $15,000	DIVIDENDS	NONE	P
	AMERICAN NAT'L BK OF MN CTF DEP BOND-IRA	$15,001 - $50,000	INTEREST	NONE	P
SP	CELTIC BK-SALT LAKE CITY, UT CTF DEP BOND-IRA	$15,001 - $50,000	INTEREST	NONE	P
	ALLIANCBERNSTEIN INT'L VALUE FD-CL-A-IRA	$15,001 - $50,000	DIVIDENDS	NONE	P
SP	ALLIANCEBERNSTEIN INT'L VALUE FD-CL-A-IRA	$15,001 - $50,000	DIVIDENDS	NONE	P
	HILLARD-LYONS GOVT M/M FUND-IRA	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	HILLIARD-LYONS GOVT M/M FUND-IRA	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	CONGRESSIONAL FEDERAL CREDIT UNION	$1,001 - $15,000	INTEREST	$1 - $200	
	STATE OF ILLINOIS (ILLINOIS MUNICIPAL RETIREMENT FUND)	$15,001 - $50,000	ILLINOIS RETIREMENT	$5,001 - $15,000 PENSION	
SP	STATE OF ILLINOIS	DEFINED BENEFIT PLAN	ILLINOIS TEACHER'S RETIREMENT	$5,001 - $15,000 PENSION	

SCHEDULE IV - TRANSACTIONS

Name JERRY F. COSTELLO

Report any purchase, sal r exchange by you, your spous , or dependent child during the reporting year f any real pr perty, st cks, bonds, commoditi s futures, r other securiti s when th amount of the transaction or series f transactions exceeded $1,000. Include transacti ns that resulted in a loss. D not report a transaction betwe n you, your spous , r your depend nt child, or the purchase or sale of your pers nal residence, uni ss it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	WEST POINTE BANCORP, INC. STOCK-IRA	S	9-20-06	$100,001 - $250,000
SP	WEST POINTE BANCORP, INC. STOCK-IRA	S	9-20-06	$100,001 - $250,000
	HANCOCK JOHN BANK & THRIFT OPPORTUNITY FUND-IRA	P	03-08-06 12-21-06	$1,001 - $15,000
SP	HANCOCK JOHN BANK & THRIFT OPPORTUNITY FUND-IRA	P	03-08-06 12-21-06	$1,001 - $15,000
	OLIN CORP NEW-STOCK-IRA	P	12-21-06	$1,001 - $15,000
SP	OLIN CORP NEW-STOCK-IRA	P	12-21-06	$1,001 - $15,000
	AMERICAN NAT'L BK OF MN CTF DEP BOND-IRA	P	12-20-06	$15,001 - $50,000
SP	CELTIC BK-SAL LAKE CITY, UT CTF DEP BOND-IRA	P	12-20-06	$15,001 - $50,000
	ALLIANCEBERNSTEIN INT'L VALUE FD-CL-A-IRA	P	12-20-06	$15,001 - $50,000
SP	ALLIANCEBERNSTEIN INT'L VALUE FD-CL-A-IRA	P	12-20-06	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name JERRY F. COSTELLO

Report liabilities f over $10,000 owed to any one creditor at any time during th reporting period by you, your spouse, r d pendent child. Mark th highest amount owed during the year. Exclude: Any mortgage on your p rsonal residence (unless all or part of it is rented out); loans secured by automobiles, h usehold furniture, or applianc s; and liabilities owed to a spous , or the child, parent, or sibling f you r your spouse. Report "revolving charge acc unts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	COMMERCE BANK, BELLEVILLE, IL	PERSONAL LOAN	$15,001 - $50,000

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

LEGISLATIVE RESOURCE CEN
2007 MAY 15 PM 2:4
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVI
AND DELIVERE
(Office Use Only)

Joseph D. Courtney
(Full Name)

9 Tobias Court Vernon, CT 06066
(Mailing Address)

202.225.2076
Daytime Telephone:

Filer Status	✓ Member of the U.S. House of Representatives — State: CT District: 02	Officer Or Employee	Employing Office:
Report Type	✓ Annual (May 15)	Amendment	Termination — Termination Date:

A $200 penalty shall be assessed against anyone who flies more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ✓ No	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes No ✓	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ✓ No	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ✓ No	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes No ✓	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes No ✓	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes No ✓	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ✓ No	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes No ✓	

Each question in this part must be answered and the appropriat schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Ex mptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be availabl to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may b subject to civil penalti s and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and beli f.	Joseph D. Courtney	5-14-07

SCHEDULE I - EARNED INCOME

Name Joseph D. Courtney

List the s urce, type, and amount of earned income from any source (other than the filer's current empl yment by th U.S. G vernment) totaling $200 or more during th preceding calendar year. For a spouse, list th source and amount of any h n rarie; list only the source for oth r spouse earned income exceeding $1,000.

Source	Type	Amount
Courtney Boyan & Foran	Salary (pre congress)	$87,000
St. Francis Hospital and Medical Center	Spouse Salary	n/a
Windham Hospital	Spouse Salary	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

	BLOCK A **Asset and/or Incom Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "un arned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA r retirement plan that is not self-directed, name the instituti n holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Y ur personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, r sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Governm nt retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Merrill Lynch CMA (Cash Management Account) in entirety	None	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500	S
	-CMA Holding: Wells Fargo Common Stock, symbol STSAX	None	CAPITAL GAINS/DIVIDENDS	$1 - $200	S
	-CMA Holding: American Growth Fund of America, symbol GFACX	None	CAPITAL GAINS/DIVIDENDS	$201 - $1,000	S
	-CMA Holding: Lord Abbett Large Cap, symbol LLRCX	None	CAPITAL GAINS/DIVIDENDS	$201 - $1,000	S
	-CMA Holding: Van Kampen Global Franchised, symbol VGFCX	None	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

	Merrill Lynch SRA (Simple Retirement Trust) - in entirety	$50,001 - $100,000	DIVIDENDS		
	-SRA Holding: American Growth Fund, symbol GFACX	$15,001 - $50,000	DIVIDENDS	na	
	-SRA Holding: Blackrock Focus, symbol MCFOX	$1,001 - $15,000	DIVIDENDS		
	-SRA Holding: Lord Abbett, symbol LSBCX	$1,001 - $15,000	DIVIDENDS		
	-SRA Holding: Lord Abbett Large Cap, symbol LLRCX	$15,001 - $50,000	DIVIDENDS		
	-SRA Holding: -Putnam Intl New Opps C, symbol PIOCX	$1,001 - $15,000	DIVIDENDS	na	
	Merrill Lynch IRA - in entirety	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000	
	-IRA Holding: American Grown Mutual Fund, SymboolFGACX	$15,001 - $50,000	DIVIDENDS	na	
	-IRA Holding: American Small CAP World, Symbol SMCWX	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	-IRA Holding: Blackrock Large CAP, smbol MCLRX	$15,001 - $50,000	DIVIDENDS		
	-IRA Holdings: J Hancock Financial Inds, symbol FIDAX	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	-IRA Holdings: Van Kampen Global, symbol VGFCX	$15,001 - $50,000	DIVIDENDS		

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

	Rockville Bank	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Merrill Lynch 529 (College Savings Account) in entirety	$15,001 - $50,000	DIVIDENDS	$1 - $4000	
	-529 Holding: Franklin Flex Cap Growth Fund	$1,001 - $15,000	DIVIDENDS		
	-529 Holding: Franklin Large Cap Value Fun	$1,001 - $15,000	DIVIDENDS		
	-529 Holding: Franklin Small-Mid Cap Growth Fund	$1,001 - $15,000	DIVIDENDS		
	-529 Holding: Franklin Mutual Shares Fund	$1,001 - $15,000	DIVIDENDS		
	-529 Holding: Franklin Mutual European Fund	$1,001 - $15,000	DIVIDENDS		
	-529 Holding: Franklin Templeton Foreign Fund	$1,001 - $15,000	DIVIDENDS		
	-529 Holding: FranklinTotal Return Fund	$1,001 - $15,000	DIVIDENDS		
	-529 Holding: Franklin US Govt. Securities Fund	$1,001 - $15,000	DIVIDENDS		
	-529 Holding: Franklin Strategic Income Fund	$1,001 - $15,000	DIVIDENDS		
	-529 Holding: Templeton Global Bond Fund	$1,001 - $15,000	DIVIDENDS		

SCHEDULE IV - TRANSACTIONS

Name Joseph D. Courtney

R port any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, b nds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. D not report a transaction between you, your spouse, or your d pendent child, or the purchas r sale of your personal resid nce, uni ss it is rented out. Provide a bri f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Merrill Lynch CMA (Cash Management Account) in entirety	S	08-16-06	$1,001 - $15,000
	-CMA Holding: Wells Fargo Common Stock, symbol STSAX	S	08-16-06	$1,001 - $15,000
	-CMA Holding: American Growth Fund of America, symbol GFACX	S	08-16-06	$1,001 - $15,000
	-CMA Holding: Lord Abbett Large Cap, symbol LLRCX	S	08-16-06	$1,001 - $15,000
	-CMA Holding: Van Kampen Global Franchised, symbol VGFCX	S	08-16-06	$1,001 - $15,000

SCHEDULE VIII - POSITIONS

Name Joseph D. Courtney

Report all positions, compensated or uncompensated, held during the current calendar year as an fficer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant f any corporation, firm, partnership, r any business enterprise, any n nprofit organization, any lab r organization, or any educational r ther institution other than the United States. Exclude: Position h ld in any religi us, social, frat rnal, or political ntiti ; positions s lely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Connecticut Health Policy Project

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

ROBERT EDWARDS CRAMER, JR.
(Full Name)

417 EUSTIS AVENUE
HUNTSVILLE, ALABAMA 35801
(Mailing Address)

Daytime Telephone: 202-225-4801

Filer Status	[X] Member of the U.S. House of Representatives — State: ALABAMA District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert E Cramer Jr.	5/15/2007

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B	Block C							Block D											Block E
				A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock						X							X										X								P
			Simon & Schuster		Indefinite																	Royalties									X			
			1st Bank of Paducah, KY accounts						X									X										X						
	EASY STREET INVESTMENT CO. HUNTSVILLE, ALABAMA (1 SHARE)			X																X			X											S
6	AL STATE EMPLOYEES DEFERRED INCOME ACCT. (NATIONWIDE) FIXED ANNUITY MASS. FIXED ANNUITY						X													X			N/A											
	524 SKYLINE SHORES, SCOTTSBORO, ALABAMA 35768									X								X								X								
	3209 COVE LAKE ROAD HAMPTON COVE, ALABAMA 35763									X						X							X											
	CONGRESSIONAL FEDERAL CREDIT UNION MONEY MARKET ACCT.									X									X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT E. CRAMER, JR. Page 3 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	CONGRESSIONAL FEDERAL CREDIT UNION CHECKING ACCOUNT			X												X						X									

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SCHEDULE IV — TRANSACTIONS

Name ROBERT E. CRAMER, JR. | Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								
	EASY STREET INVESTMENT COMPANY HUNTSVILLE, ALABAMA (1 SHARE)			X		03/01/06		X								
	527 EAST BEACH BLVD. #802 GULF SHORES, ALABAMA		X			08/28/06						X				

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	REGIONS MORTGAGE (HUNTSVILLE, ALABAMA)	MORTGAGE ON: 524 SKYLINE SHORES				X						
	REGIONS MORTGAGE (HUNTSVILLE, ALABAMA)	MORTGAGE ON: #802 527 EAST BEACH BLVD.						X				
	CHASE FINANCIAL MORTGAGE (ALABAMA)	MORTGAGE ON: 3209 COVE LAKE ROAD				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
HONORARY BOARD MEMBER	NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN (ALEXANDRIA, VIRGINIA)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

05/14/07 14:32 FAX 2565335441 EVANS WATTS & SCHRIMSHER 002

ROBERT EDWARD CRAMER, JR.

BAY STREET INVESTORS P.O. Box 3243, Huntsville, AL 35804

% TOTAL INV COST	# SHARES	TRADING STRAT *	SIGN	COMPANY	EXCHG	AVG. COST/SHR	TOTAL NET COST	MARKET 4/12/2007	VALUE SHARE	GAIN (LOSS)
47.64%				MONEY MANAGER ACCOUNTS						
				Davis Selected Large Cap #2598			205,606.02	278,283.26		73,677.24
				Calamos Money Manager #2599			220,584.42	277,126.20		56,542.86
							426,190.44	555,411.54		129,221.10
0.00%				CONTRACT SERVICES - Grv.						
1.28%				CONSUMER STAPLES						
	300	L	PEP	Pepsico, Inc.	NYSE	38.185	11,455.50	19,248.00	64.160	7,792.40
4.67%				HEALTH CARE DIVERSE (Consumer Growth)						
	2,000		CSCX	Cardiac Science Corp	NASDAQ	9.217	18,433.51	16,660.00	8.280	126.49
	1,000	S	EMAG	Emageon, Inc.	NASDAQ	13.281	13,280.90	10,510.00	10.510	(2,770.90)
	2,000	L	UNH	United Healthcare Corp.	NYSE	5.048	10,095.16	106,240.00	53.120	96,143.84
							41,810.17	135,310.00		93,499.83
9.80%				COMMUNICATIONS						
	1,000	L/S	ADTN	Adtran, Inc.	NASDAQ	25.717	25,716.93	24,620.00	24.620	(1,096.93)
	400	L	CSCO	Cisco Systems, Inc.	NASDAQ	27.334	10,933.40	10,348.00	25.870	(585.40)
	45	L	EQ	Embarq Corp	NYSE	25.605	1,142.39	2,247.00	50.500	1,104.61
	636	L	Q	Qwest Communications Intl	NYSE	13.930	8,514.51	6,275.52	9.590	(2,238.99)
	904	S	S	Sprint Nextel Corp	NASDAQ	14.416	13,034.11	17,839.20	19.800	4,805.09
	1,000	L/S	UTSI	UTStarCom, Inc.	NYSE	25.589	25,589.52	7,990.00	7.990	(17,599.52)
							85,869.26	69,719.22		(16,141.13)
1.95%				DRUGS (Consumer Growth)						
	848	L	JNJ	Johnson & Johnson	NYSE	8.103	6,870.53	52,528.16	61.920	45,657.63
	300	L	PFE	Pfizer, Inc.	NYSE	38.311	10,593.40	7,438.00	24.460	(2,955.40)
							17,463.93	60,466.16		42,882.23
0.00%				CONSUMER CYCLICAL						
0.00%				Gaming/Entertainment						
9.30%				SEMI CONDUCTORS / ELECTRONICS/SOFTWARE						
	525	S	ATK	Atlant TechSystems, Inc.	NASDAQ	51.429	27,196.06	44,646.25	85.050	19,541.19
	1,000	L	CYBS	CyberSource Corporation	NASDAQ	10.985	10,985.84	12,820.00	12.820	1,834.16
	2,000	L	MXIM	Maxim Integrated Products	NASDAQ	8.300	16,600.33	38,220.00	19.110	21,620.67
	1,000	S	SANM	Sanmina SCI Corp.	NASDAQ	3.786	3,780.85	3,610.00	3.610	(170.85)
	1,000	S	UTX	United Technologies Corp	NASDAQ	24.982	24,982.17	84,740.00	84.740	59,757.83
							83,159.45	185,036.25		102,877.80
0.00%				TRANSPORTATION						
7.37%				BASIC INDUSTRIAL						
	500	S	CBGP	Costar Group	NASDAQ	42.514	21,257.34	23,750.00	47.500	2,492.76
	625	L	XOM	Exxon Mobile Corp	NYSE	28.707	17,293.90	48,881.82	77.380	31,582.92
	600	S	LOW	Lowes Companies, Inc.	NYSE	21.077	12,646.36	18,774.00	31.290	6,127.64
	2,000	S	SYNM	Symtotsum Corp	NASDAQ	6.918	13,836.63	6,820.00	3.410	(7,016.63)
							65,008.53	90,345.82		25,337.29
18.39%				FINANCIAL SERVICES						
	2,000	S	ADD	Alpine Total Dynamic	NYSE	20.000	40,000.00	42,920.00	21.460	2,920.00
	1,200	S	CSQ	Calamos Strategic TR Fund	NYSE	14.039	16,846.53	18,228.00	15.190	1,381.47
	1,000	L	FHN	First Horizon National Corp	NYSE	21.693	21,692.90	38,880.00	38.880	17,187.50
	200	S	GS	Goldman Sachs Group, Inc.	NYSE	77.494	15,498.75	41,810.00	209.050	26,311.25
	800	S	LNC	Lincoln National Corp	NYSE	32.813	26,406.57	33,860.00	42.700	17,443.43
	500	S	PFG	Principal Financial Group	NYSE	28.250	14,624.88	30,100.00	60.200	15,475.14
	2,000	S	SCH	Schwab Charles Corp New	NYSE	14.452	28,904.77	37,800.00	18.900	8,895.23
	380	S	JOE	St Joe Company	NYSE	27.743	9,710.88	18,924.50	54.070	9,214.42
							163,844.00	242,112.50		98,648.44
100.00%							864,881.33	1,378,829.69		493,948.36

Wachovia Checking 66,207.43

TOTAL CASH	66,207.43
DUES RECEIVABLE	
NET	7,100.00

NET ASSET VALUE:

Market Value Securities	1,378,829.69
Cash	66,207.43
Dues Receivable - Net	7,100.00
Total Assets	1,451,937.02
@ 50 shares	
Net Asset Value Per Share	$ 29,038.74

% Invested	94.95%
% Cash & Receivables	5.05%
Total # stocks	20

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 PM 2:50

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

HC (Office Use Only)

(6)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Alexander M. Crenshaw
(Full Name)

2358 Riverside Avenue, #801 Jacksonville, FL 32204
(Mailing Address)

202-225-2501
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: FL District: 04 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Alexander M. Crenshaw	May 15, 2007

963

SCHEDULE I - EARNED INCOME

Name Alexander M. Crenshaw

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Hidden Life, LLC	Book Royalties and Public Relations	$0

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenshaw

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Alamo Storage Partners-(self storage-Dallas, TX)	$15,001 - $50,000	RENT	$2,501 - $5,000	
	Bank of Florida	$1,000,001 - $5,000,000	INTEREST	$1,001 - $2,500	
	Bankshares Fla. Inc.-stock	$15,001 - $50,000	DIVIDENDS	NONE	
	Berkshire Hathaway HLDG., Inc. CL.A.	$100,001 - $250,000	DIVIDENDS	$1 - $200	
	Cisco Systems, Inc.	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenshaw

	Credit Suisse Bond Iinvestment(formerly Donaldson,Lufkin & Jenrette Alliance/Front Growth Fund)401(k)retirement	$100,001 - $250,000	DIVIDENDS	N/A	
	Direct Mail Systems, Inc.-Direct Mail, St. Pete, FL	$100,001 - $250,000	DIVIDENDS	$50,001 - $100,000	
	Evergreen Money Market	None	INTEREST	$201 - $1,000	S
	IMPAC Mtg. Holdings. Inc.	None	DIVIDENDS	$1,001 - $2,500	S
	Merrill Lynch & Co., Inc.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Money Market Fund-Merrill Lynch & Co., Inc.	$100,001 - $250,000	INTEREST	$5,001 - $15,000	
	Resolution Trust FDG	$100,001 - $250,000	INTEREST	NONE	
	Schulmberger Ltd.com	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Southern Company	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	State of Florida	None	Retirement	$5,001 - $15,000	
	Terex Corp.	$50,001 - $100,000	None	N/A	P
	Trinity Fund Lt.d., Investments	None	Partnership Income	$100,001 - $1,000,000	S
	Uniprovident Corp.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenshaw

	Wachovia	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	Wells Fargo & Co.	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	Wright Patman Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Alexander M. Crenshaw

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Uniprovident Corp.	P	1-26-06	$15,001 - $50,000
	Southern Company	P	1-26-06	$15,001 - $50,000
	Terex Corp.	P	2-24-06	$15,001 - $50,000
	Trinity Fund Lt.d., Investments	S	12-31-06	$1,000,001 - $5,000,000
	Evergreen Money Market	S	2-24-06	$100,001 - $250,000
	IMPAC Mtg. Holdings. Inc.	S	1-26-06	$15,001 - $50,000

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

HAND DELIVERED (5)
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 12:00
MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Joseph Crowley
(Full Name)

48-24 65th Street Woodside, NY 11377
(Mailing Address)

202-225-3965
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: NY District: 07	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		5/15/07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph Crowley

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	Reliastar Life Insurance Company-Qualified Annuity	$15,001 - $50,000	Other: Retirement Account	$1,001 - $2,500	
	1 Farley Drive, Rensselaer, NY	$15,001 - $50,000	RENT	$2501-$5,000	
DC	New York's College Savings Program held by Rep. Joseph Crowley for Kenzie Crowley	$1,001 - $15,000	Other: not self-directed	NA	
DC	New York's College Savings Program held by Mrs. Kasey Crowley for Joseph Cullen Crowley	$1,001 - $15,000	Other: not self-directed	NA	
DC	New York's College Savings Program held by Mrs. Kasey Crowley for Liam Crowley	$1 - $1,000	Other: not self-directed	NA	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph Crowley

SP	ROLL OVER IRA, Northwestern Mutal Investment Services, LLC divided into the following accounts:	$15,001 - $50,000	DIVIDENDS//INTEREST	$2,501 - $5,000	
	Allianz NFJ Small Cap Value Fund; American Balanced Fund Class B; American High Income Trust Class B; Europacific Growth Fund Class B; Federated Mid-Cap Index Fund; Fidelity Advisor Small Cap Fund; Growth Fund of America Class B;				
	Washington Mutual Investors Fund Class B				

SCHEDULE V - LIABILITIES

Name Joseph Crowley

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Chase Manhattan Mortgage	Mortgage on 1 Farley Drive, Rensselaer, NY	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Joseph Crowley

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Israel Public Action Committee	Jan. 10-12, 2006	Washington, DC-Florida-New York, NY	Y	N	N	None

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY -9 PM 5:11

(5)

(Office Use Only) MC

Barbara Cubin
(Full Name)

2241 Belmont Road
(Mailing Address)

202-225-2311
Daytime Telephone:

Casper Wy 82604

Filer Status	☒ Member of the U.S. House of Representatives — State: WY District: AL	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Barbara Cubin	5-8-07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Fred W. Cubin, MD (Ret)	Pension	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Cubin | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP		SP	Mega Corp. Stock					X							X										X								P
DC	*Examples:*		Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X										X						
	Grey Wolf Inc				X										X							X											
	Glaxo Smith Kline				X										X									X									
	Identix				X										X							X											
	Medco			X											X							X											
	Merck				X										X								X										
	Pfizer				X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Cubin

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (m, s, p)
	Universal Display Corp			X										X							X											
	Cascade Int	X												X							X											
	Monsanto	X												X							X											
	SB Total Return Fund	X												X			X				X											
	Investment Co of Amer.			X										X			X						X									
	Lincoln Legacy Annuity				X									X			X															
	SB Money Fund		X													X						X										
	State Street Money Fund				X									X									X									
	Casper Mtn Land					X															X											
	Garfield Peak Land						X														X											
	TSP						X														X											
	CFCU Savings			X												X						X										

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	National Rifle Association

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 3:5
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

(9)

ENRIQUE R. CUELLAR
(Full Name)

P.O. BOX 6147
(Mailing Address)

(956) 726-9320
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: TX District: 28	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Henry Cuellar	5/15/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	EMPLOYEES RETIREMENT SYSTEM OF TEXAS	RETIREMENT	$38,596
	COMPTROLLER OF PUBLIC ACCOUNTS	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	ENRIQUE R. CUELLAR	Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2006	$500
LAREDO ANIMAL PROTECTION SOCIETY, LAREDO, TX	SPEECH	07/ 11/2006	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ENRIQUE R. CUELLAR

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Excludes: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Leave blank if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC, JT	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	602 REYNOLDS LAREDO, TEXAS 78040				X										X										X							
	4700 MARCELLA LAREDO, TEXAS 78040				X										X											X						
	604 REYNOLDS LAREDO, TEXAS 78040				X										X						X	HELD	FOR	INVESTMENTS								
	1519 WASHINTON LAREDO, TEXAS 7040						X								X												X					
	1520 VICTORIA LAREDO, TEXAS 78040						X								X												X					
	H.C. INT'L TRADE LAREDO, TEXAS 78040						X								X										X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name ENRIQUE R. CUELLAR

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
JT	~~H.C. AIR, INC (ADJ. NBV)~~	C	RENT	VII	
	LAREDO, TEXAS				
JT	COLOMBIA MONEY MARKET	F	DIVIDENDS	V	
SP	COLOMBIA MONEY MARKET	D	DIVIDENDS	IV	
JT	INT"L BANK OF COMMERCE	C	INTEREST	III	
	LAREDO (SAVINGS)				
SP	401 K STATE OF TEXAS				
	STATE COMPTROLLER	E	DIVIDENDS; Other Type of Income: *	NO INCOME UNTIL RETIREMENT	
	ABST 467 LOT, LA MOCA	C	N/A	I	
	LAREDO, TEXAS				
	(50% OWNED)				

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SCHEDULE IV — TRANSACTIONS

Name ENRIQUE R. CUELLAR

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type: PURCHASE	Type: SALE	Type: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–05		X								
	N/A														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	COMMERCE BANK	BUSINESS AND PERSONAL					X					
	LAREDO, TEXAS	LOANS										
	EAST VAL, INC.	MORTGAGE ON 1520 VICTORIA				X						
	GALVESTON, TEXAS	LAREDO, TEXAS										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	N/A						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	H.C. AIR INC
PRESIDENT	H C INTERNATIONAL TRADE INC.
SOLE PROPRIETOR	H.C. RENTALS

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 2006 25-639 (max)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 4:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (9)
(Office Use Only)

JOHN ABNEY CULBERSON
(Full Name)

10000 MEMORIAL DR. SUITE 620 — 713 682 8828
(Mailing Address) — Daytime Telephone:

HOUSTON TX 77024

Filer Status	☑ Member of the U.S. House of Representatives — State: ___ District: ___	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Abney Culberson	May 15, 2007

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500

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Name John Cullman

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the ~~business, the nature of the business, and its~~ geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock						X							X										X								P
	Examples: Simon & Schuster			Indefinite																Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts							X								X										X						
	OUR HOUSTON HOME							X												NONE												NONE

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B											Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Examples: Simon & Schuster			Indefinite																Royalties										X		
	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
	STATE OF TEXAS RETIREMENT						X													ANNUITY					H	A						

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name John Cullinane

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JC	WELLS FARGO BANK	PERSONAL LINE OF CREDIT	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	THE HERITAGE FOUNDATION	JAN. 29-31	WASH. D.C. → BALT. MD → WASH D.C.	Y	Y	Y	NONE

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

MAY 15 2007
LEGISLATIVE RESOURCE CENTER
2007 MAY 21 PM 3:19
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
(Office Use Only)

Elijah E. Cummings
(Full Name)

2014 Madison Avenue Baltimore, MD 21217
(Mailing Address)

(410) 685-9199
Daytime Telephone:

Filer Status
☑ Member of the U.S. House of Representatives — State: MD District: 07
☐ Officer Or Employee — Employing Office:

Report Type
☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	*Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?*	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the *Ethics in Government Act of 1978, as amended*. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Elijah E. Cummings	5/14/2007

SCHEDULE I - EARNED INCOME

Name Elijah E. Cummings

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Baltimore County, MD Schools	Spouse Salary	$80,000

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Elijah E. Cummings

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu *of an honorarium.* A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
First Baptist Church of Guilford Howard County, MD	Speech	01-28-06	$200
New Psalmist Baptist Church Baltimore City, MD	Speech	02-22-06	$1,500
Howard University Washington, DC	Speech	05-13-06 & 07-19-06	$2,000
Morning Star Baptist Church Catonsville, MD	Speech	06-05-06	$500
North Charleston Branch NCCP North Charleston, SC	Speech	10-27-06	$1,500
Association of Black Cardiologists, Baltimore, MD	Speech	06-09-06	$500
Southern Baptist Church Baltimore, MD	Speech	06-25-06	$1,000
New Genesis Total Praise Center Baltimore, MD	Speech	11-12-06	$500
New Life Evangelical Baptist Church Baltimore, MD	Speech	07-23-06	$500
NAACP of Alexandria Alexandria, VA	Speech	09-24-06	$1,000
Reginald F. Lewis Museum Baltimore, MD	Speech	10-10-06	$300
Woman Power, Inc. Baltimore, MD	Speech	10-28-06	$500

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Elijah E. Cummings

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Union Baptist Church Winston-Salem, NC	Speech	11-05-06	$2,000
New Shiloh Baptist Church Baltimore, MD	Speech	11-12-06	$250
Howard University Rankin Chapel Washington, DC	Speech	11-12-06	$700
Christian Community Church	Speech	12-04-06	$300

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Elijah E. Cummings

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, *provide an address. Provide full names of any mutual funds. For a self* directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a *valuation method* other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the *calendar year. If other* than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" *for income. For all* other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
2014 Madison Ave. Baltimore, MD	$250,001 - $500,000	RENT	$5,001 - $15,000	
2225 St. Paul Street Baltimore, MD	None	N/A	NONE	
Elijah Cummings, PA *Baltimore, MD*	None	No income per *House Rules*. Continued existence for resolving claims only.	NONE	

SCHEDULE V - LIABILITIES

Name Elijah E. Cummings

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	CitiMortgage, Inc	Mortgage on 2014 Madison Ave., Baltimore, MD	$50,001 - $100,000
	CitiBank Home Equity Line of Credit, PO Box 7690006, San Antonio, TX	Home Equity Mortgage	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Elijah E. Cummings

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
New Psalmist Baltist Church, Baltimore, MD	Feb. 22-23, 2006	BWI-Phoenix-Boston	Y	Y	N	None
Harvard University, Boston, MA	Feb. 23, 2006	Boston - BWI	Y	Y	N	None
N.Charleston,SC, Chapter of NAACP	Oct. 27-28, 2006	Washington, DC-Charleston-Washington, DC	Y	Y	N	None
Union Baptist Church, Winston-Salem, NC	Nov. 5, 2006	BWI-Winston-Salem-BWI	N	Y	N	None

SCHEDULE VIII - POSITIONS

Name Elijah E. Cummings

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Baltimore Zoological Society
Director	Eubie Blake Cultural Center
Director	Learning to Lead, Inc.
Director	National Aquarium in Baltimore
Member	U.S. Naval Academy Board of Visitors

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

Artur Genestre Davis
(Full Name)
1818 4th Avenue S. #210
(Mailing Address)
Birmingham, AL 35233
(202) 225-2665
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: AL District: 7	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Artur Davis	5/15/07

1005

Name Artur Davis | Page 2 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT	Examples: SP Mega Corp. Stock		E	NONE	IV	P
	Examples: Simon & Schuster		Indefinite	Royalties	IX	
	Examples: 1st Bank of Paducah, KY accounts		F	RENT	VI	
	1+2 Block Option 1 Mortgage on 6030 Woodrun Ct.		A	NONE	I	S
	(See Attached)					

For additional assets and unearned income, use next page.

Schedule III Attachment
p. 3 of 8

No income was generated from the sale of 6030 Woodrun Court, Montgomery, Alabama 36617 (H&R Block Option One Mortgage). The property was sold at a net loss of $1,183.00.

SCHEDULE IV — TRANSACTIONS

Name Artur Davis

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
	H+R Block Option 1 Mortgage on 4030 Woodrun Ct. Montgomery, AL 36117		X		4-1-06				X						

This page may be copied if more space is required.

Name Arthur Davis | Page 5 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Alabama Commission on Higher Ed.	Student Loan		X								
	Harvard University	Student Loan		X								
	H+R Block Option 1 Mortgage	Mortgage on 6030 Woodrun Court, Montgomery, AL				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

Name Artur Davis | Page 6 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
See Attached							

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Member Financial Disclosure Report
Schedule VII

Dates	Location	Purpose	Sponsor	Travel	Lodging	Meals	Other	Total	Total Days Traveled
1/12/06 1/13/06	Jackson, MS	Convocation Speaker at Jackson State University MLK Celebration	Jackson State University	$908	$167			$1075	1
1/16/06	Augusta, GA	Keynote Speaker CSRA Memorial Observance	CSRA	$797				$797	1
1/27/06 1/28/06	Washington DC	Closing Speaker for Families USA Conference	Families USA	$619	$182			$801	1
2/27/06	Manchester, NH	Speaker at Dartmouth	Rockefeller Center for Public Policy	$823	$92			$915	1
3/3/06	Chicago, IL	Luncheon Speaker NALP Conference	National Association for Legal Professionals	$355				$355	1
10/10/06	Florence, AL	Keynote Speaker, Southern Rural Healthcare Consortium	Southern Rural Health Care		$264.18			$264.18	1
12/1/06	Perdido Beach, AL	Speaker, AARC	Alabama Association of Regional Councils		$196.20			196.20	1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member-Board of Trustees	Tuskegee University
Honorary Chairman	Initiative Seven: Regional Community Development
Board Member	Alabama Center for Law & Civic Education

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Danny K. Davis
(Full Name)

5956 W. Race Avenue Chicago, IL 60644
(Mailing Address)

202.225.5006
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representative State: IL District: 7th ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Danny K. Davis	6-14-07

1013

SCHEDULE I - EARNED INCOME

Name Danny K. Davis

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. *For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.*

Source	Type	Amount
State of Illinois	Spouse Pension	$34,898.64
Davis for Congress	Spouse Salary	$8,775
Social Security	Spouse Social Security	$1,308

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Danny K. Davis

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
The Most Worshipful St. James Grand Lodge, Chicago, IL 60620 (check was not received until 06)	Speech	Dec. 10, 2005	$1,000
La Grange Illinois NAACP, La Grange, IL 60525	Speech	April 22, 2006	$250
Chicago Chapter Meharry Medical College Alumni, Chicago, IL 60653	Speech	April 30, 2006	$1,000
Rush University Medical Center, Chicago, IL 60623	Speech	May 5, 2006	$1,000
International Academy of Design Technology, Chicago, IL 60602	Speech	June 24, 2006	$1,000
Coalition to Reduce Recidividism, Waukegan, IL 60085	Speech	Nov. 1, 2006	$500
Ashley's Quality Care, Inc., Chicago, IL 60616	Speech	Nov. 15, 2006	$700

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny K. Davis

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	Austin Bank	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Bank One	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Community Bank of Lawndale	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Equitable Ira (variable annuity)	$50,001 - $100,000	INTEREST	$201 - $1,000	
JT	Knight Insurance Stock	$15,001 - $50,000	DIVIDENDS	NONE	
SP	Pegasus Fund	$50,001 - $100,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny K. Davis

SP	United Credit Union	$1 - $1,000	INTEREST	$1 - $200	
JT	Valic Annuity	$50,001 - $100,000	INTEREST	$201 - $1,000	
SP	Valic Annuity	$50,001 - $100,000	INTEREST	$201 - $1,000	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Danny K. Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Martin Luther King Commission	Jan. 12-13	Chicago-Little Rock, AR-Chicago	Y	Y	N	None
Maryland State Teachers Assn.	Jan. 14	Chicago-Baltimore,MD-Chicago	Y	Y	N	None
U.S. Conf. Of Mayors	Jan. 26	Chicago-DC-Chicago	N	N	N	None
Mike Beebe for Governor	Feb. 23-24	Chicago-Little Rock, AR-Chicago	Y	Y	N	None
North Carolina Central University	March 23	Chicago-Raleigh, NC-Chicago	N	Y	N	None
University of Arkansas at Pine Bluff	March 13-14	Chicago-Little Rock, AR-Chicago	Y	N	N	None
U.S. Conference of Mayors	June 3-4	Chicago-Las Vegas, NV-Chicago	Y	N	N	None
American Postal Workers Union	Aug. 13-14	Memphis,TN-Philadelphia	Y	N	N	None
National Assoc. Letter Carriers	Aug. 15-16	Philadelphia-Las Vegas, NV-Philadelphia	Y	Y	N	None
Alliance For Children and Families	Oct. 18	Chicago-St Louis, MO-Chicago	N	Y	N	None

SCHEDULE VIII - POSITIONS

Name Danny K. Davis

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Congressional Black Caucus
Board Member	Streetwise Newspaper
Board Member	East West University
Advisory Board	Interfaith House
Advisory Board	Prevention Partnership

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

David Davis
(Full Name)

107 Surrey Lane
Johnson City TN 37604
(Mailing Address)

202-225-6356
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: TN District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David Davis	4-19-07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Tennessee	Legislative Pay	20,337.00
	MSHA Corporate	Spouse Salary	1,061.26

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Davis

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

			Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP		SP	Mega Corp. Stock						X							X																		P
DC	*Examples*		Simon & Schuster		Indefinite																	Royalties									X			
JT			1st Bank of Paducah, KY accounts						X									X									X							
	Carter County Bank				Y														Y						X									
	(Shared Health Services) Johnson City, TN hyperbaric oxygen treatment											X				X						own 71% of stock	X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Davis

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	PRIMERICA (LMPD.1) IRA				X										X		X								X							P
	STATE OF TN 401K			X											X		X						X									P
	Bank of America (National Financial Services)			X											X		X							X								P
	Prudential Annuity Mutual Fund				X										X		X							X								P
SP	TRANSAMERICA Annuity (NOT SELF DIRECTED)				X										X		X									X						
SP	Allianz Annuity (NOT SELF DIRECT +CL)			X											X		X									X						
SP	PRIMERICA (LMPD.1) IRA				X										X		X							X								S
SP	Bank of America (NAT. Financial Services Mutual Fund)		X												X		X					X										P
SP	PRUDENTIAL ANNUITY (MUTUAL FUND)			X											X		X					X										P
DC1	PRIMERICA (LMPD.1) IRA			X											X		X							X								P
DC2	PRIMERICA (LMPD.1) IRA			X											X		X							X								P

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SCHEDULE IV — TRANSACTIONS

Name David Davis

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								
SP	PRIMERICA IRA			X		mid jan 06	X									

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Name David Davis | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
N/A							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President Council Member	Milligan College
Board Member	Fresh Start Surgical Gifts
President	Shared Health Services, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY -8 PM 12: 38
(5)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)
MC

GEOFFREY CLARK DAVIS
(Full Name)

1108 LONGWORTH HOB, WASHINGTON, DC 20515 (202) 225-3465
(Mailing Address) Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State: District:	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		05-07-2007

Name	Page 2 of 5
GEOFFREY DAVIS	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	REPUBLIC CONSULTING, INC.	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name GEOFFREY DAVIS | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP	Mega Corp. Stock					X								X										X								P
		Simon & Schuster			Indefinite																Royalties									X			
		1st Bank of Paducah, KY accounts						X									X									X							
	FERS Thrift Savings Plan					X																											
JT	PENTAGON FEDERAL C.U.				X													X					X										
JT	USAA Federal Savings Bank				X													X					X										NEW ACCT
JT	REPUBLIC CONSULTING						X									X						X											

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name GEOFFREY DAVIS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-06		X								
SP	VANGUARD 500 Index IRA		X		06-06	X									
SP	VANGUARD US Growth IRA		X		06-06	X									
JT	NATIONAL CITY BANK CHECKING*			X	01-07	X									
JT	FIFTH THIRD BANK SAVINGS*			X	03-07	X									

* BANK ACCOUNTS CLOSED AND PROCEEDS MOVED TO USAA FEDERAL SAVINGS BANK, WHICH WAS OPENED 11/2006.

This page may be copied if more space is required.

Name GEOFFREY DAVIS | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	HERITAGE BANK, Burlington, KY	CAMPAIGN LOAN			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
N/A	NOT APPLICABLE	N/A

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

(3)

LEGISLATIVE RESOURCE CENTER
2007 MAY 17 PM 12: 16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

HC

Lincoln Edward Davis
(Full Name)

410 Cannon House Office Building
Washington, DC
(Mailing Address)

202-225-6831
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: TN District: 04	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-10-07

Name Lincoln Edward Davis | Page 2 of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Pickett County Board of Education	Spouse Salary	NA
	State of Tennessee Retirement	Pension	$8920

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lincoln Edward Davis

Page 3 of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP		SP					X								X										X								P
DC	*Examples:*				Indefinite																Royalties									X			
JT								X									X										X						
	Farmland: 507 acres co-owned with brother in Fentress & Pickett County									X												X											
	Diversified Construction Company Assets include equipment + Real Estate									X									X										X				

For additional assets and unearned income, use next page.

Name Lincoln Edward Davis | Page 4 of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Government of Taiwan	Mar. 30th.	DC - SF - Taipei	Y	Y	N	7
		April 7th	Taipei - SF - DA - TN				
	"MECA Trip"						

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Name Lincoln Edward Davis	Page 5 of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Owner	Diversified Construction Company PO Box 358 Byrdstown, TN

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
...IVE RESOURCE CENTER
2007 JUN 14 PM 5:54
MC
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Lincoln Edward Davis
(Full Name)

410 Cannon House Office Building
Washington, DC
(Mailing Address)

202-225-6831
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: TN District: 04	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		6-14-07

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Government of Taiwan	Mar. 30th.	DC - SF - Taipei	Y	Y	N	0
	"MECA Trip"	April 7th	Taipei - SF - DA - TN				

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LEGISLATIVE RESOURCE CENTER

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Susan A. Davis
(Full Name)

1224 Longworth HOB Washington, DC 20515
(Mailing Address)

202-225-2040
Daytime Telephone:

Filer Status	✓ Member of the U.S. House of Representatives — State: CA, District: 53	Officer Or Employee	Employing Office:
Report Type	✓ Annual (May 15)	Amendment	Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ✓	No
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes	No ✓
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ✓	No
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ✓	No
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ✓	No
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes	No ✓
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ✓	No
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes	No ✓
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes	No ✓

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes __	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes __	No ✓

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Susan A. Davis	May 15, 2007

1041

SCHEDULE I - EARNED INCOME

Name Susan A. Davis

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Self Employment	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	4113-15 Arbor Vitae San Diego, CA	$250,001 - $500,000	RENT	$5,001 - $15,000	
JT	American Advantage Mileage Fund ADVXX	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	American International Group AIG	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Ariel Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
JT	Ariel Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Cal-Amer Inc. Prop IV	$15,001 - $50,000	CAPITAL GAINS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

JT	Cisco Systems, Inc CSCO	$1,001 - $15,000	DIVIDENDS	NONE	
JT	Costco Wholesale Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Dreyfus GNMA Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Dreyfus GNMA Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Dwight Asset Mgt Stb Val	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Fidelity Cash Reserves (FDRXX)	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	Fidelity Contrafund	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	P
SP	Fidelity Emerging Markets	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Fidelity Select Portfolios FSLBX	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
JT	General Electric	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
JT	Home Depot	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	ICON Energy Fund	$1,001 - $15,000	DIVIDENDS	NONE	P
JT	ICON Funds ICENX	$15,001 - $50,000	DIVIDENDS	NONE	P
SP	ICON Healthcare (ICHCX)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

SP	Janus Invt Fund Mid Cap Value Fund JMCVX	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Julius Baer Invt Funds BJBIX	$15,001 - $50,000	DIVIDENDS	$1 - $200	
JT	Los Gatos California Unified School District	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	S
	Parnassus Income Trust Equity Income Fund PRBLX	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Payden Core Bond Fund	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	S
SP	Payden Global Short Bond Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	S
SP	Pimco FDS PAC Invest Mgmt PLDDX	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	S
	PIMCO FDS PAC Invst mgmt SER PRRDX	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	PIMCO FDS PAC Invst mgmt SER PRRDX	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
JT	Procter & Gamble	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Selected American Shares, Inc. SLASX	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
JT	Smucker JM Company	$1 - $1,000	DIVIDENDS	$1 - $200	S
SP	SPP MD CAP MGFD Growth	$1,001 - $15,000	DIVIDENDS	NONE	E
	SPP MD CAP MGFD Growth	$15,001 - $50,000	DIVIDENDS	NONE	E

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

SP	Svgs Pls LrgCp Bind Fd	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Svgs Pls LrgCp Bind Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Svgs Pls SmCp Value Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	T. Rowe Price Emerg Euro $ Mediterranean TREMX	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	P
SP	T. Rowe Price Equity Income FundQ PARDX	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
JT	T. Rowe Price Intl Funds TREMX	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	T. Rowe Price Mid Cap GR PAMDX	$1,001 - $15,000	DIVIDENDS	$1 - $200	E
	T. Rowe Price Mid Cap GR PAMDX	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	E
SP	TD Waterhouse MMF US Govt Portfolio SWEEP CMRUZ	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	TD Waterhouse Money Market	$1 - $1,000	DIVIDENDS	NONE	
SP	TD Waterhouse Money Market CMRUZ	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
	TDAM Money Market Portfolio Sweep	$1 - $1,000	DIVIDENDS	$1 - $200	P
	Third Avenue Value Fund, Inc TAVFX	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Vanguard Fixed Income SEC FD VFSTX	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Susan A. Davis

SP	Vanguard Index Trust 500	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
SP	Vanguard Index Trust 500 VFINX	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Vanguard Index Trust 500 VFINX	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	S
JT	Vanguard Limited Term Tax Exempt Fund VMLTX	$1 - $1,000	DIVIDENDS	$1 - $200	S
	Vanguard Total Bond Inst	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Verizon Communications	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
SP	Wells Fargo Advantage Small Cap Value Fund Class Z SSMVX	$15,001 - $50,000	DIVIDENDS	NONE	
SP	Wells Fargo Small Cap Opptty Admin NVSOX	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	

SCHEDULE IV - TRANSACTIONS

Name Susan A. Davis

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Los Gatos California Unified School District	S	1-03-06	$15,001 - $50,000
SP	Payden Core Bond Fund	S	12-28-06	$50,001 - $100,000
SP	Pimco FDS PAC Invest Mgmt PLDOX	S	12-28-06	$1,001 - $15,000
JT	Smucker JM Company	S	1-03-06	$1,001 - $15,000
SP	SPP MD CAP MGFD Growth	E	10-11-06	$1,001 - $15,000
	SPP MD CAP MGFD Growth	E	10-11-06	$15,001 - $50,000
JT	Verizon Communications	S	1-03-06	$1,001 - $15,000
SP	PIMCO FDS PAC Invst mgmt SER PLDDX	S	12-28-06	$1,001 - $15,000
	T. Rowe Price Mid Cap GR PAMDX	E	10-11-06	$15,001 - $50,000
SP	T. Rowe Price Mid Cap GR PAMDX	E	10-11-06	$1,001 - $15,000
SP	Vanguard Index Trust 500	S		$1,001 - $15,000
JT	Vanguard Index Trust 500 VFINX	S		$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Susan A. Davis

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Vanguard Limited Term Tax Exempt Fund VMLTX	S	1-03-06	$50,001 - $100,000
SP	ICON Healthcare (ICHCX)	P	1-04-06	$15,001 - $50,000
JT	Fidelity Select Portfolios FSLBX	P	1-17-06	$15,001 - $50,000
	TDAM Money Market Portfolio Sweep	P	12-28-06	$1,001 - $15,000
JT	ICON Energy Fund	P	1-17-06	$15,001 - $50,000
SP	Fidelity Contrafund FCNTX	P	1-4-06	$15,001 - $50,000
SP	T. Rowe Price Emerging Europe TREMX	P	1-04-06	$15,001 - $50,000
JT	T. Rowe Price Emerging Europe TREMX	P	1-17-06	$15,001 - $50,000
SP	ICON Energy Fund ICENX	P	1-18-06	$1,001 - $15,000
SP	ICON Healthcare (ICHCX)	P	1-09-06	$1,001 - $15,000
SP	Payden Global Short Bond Fund	S	12-27-06	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Susan A. Davis

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Washington Mutual	Mortgage on 4112-15 Arbor Vitae	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Susan A. Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Congressional Program of the Aspen Institute	August 12-18, 2006	Krakow, Poland	Y	Y	Y	None
The Congressional Program of the Aspen Institute	February 21-26, 2006	Montego Bay, Jamaica	Y	Y	Y	None

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

(7)

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 3:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

Thomas M. Davis III
(Full Name)

2348 Rayburn House Office Building
(Mailing Address)

202-225-1492
Daytime Telephone:

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: VA District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [✓]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [✓]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [✓]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [✓]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tom Davis	May 14, 2007

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Senate of Virginia	Spouse Salary	NA
	ICG Government, LLC	Spouse Salary	NA
	Student Loan Marketing Association	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas M. Davis III | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Asset and/or Income Source	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other: Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	DC Simon & Schuster			Indefinite																Royalties									X			
	JT 1st Bank of Paducah, KY accounts						X									X									X							
	Virginia Beach, VA Oceana Property Partnership						X									X								X								
	Bank of America Money Mkt Sig					X											X						X									
	New York Life Insurance			X											X							X										
	Black & Decker Stock			X											X							X										
	JER Investors Trust				X										X									X								
	American FD Balanced				X										X		X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Davis III

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	American FD Capital				X										X		X							X								
	Janus Growth & Income FD				X										X		X						X									
	Schwab Cash Reserves					X									X									X								
	R-G Premier Bank					X								X							X											
	American Century Equity				X										X		X						X									
	Constellation Tip / Touchstone				X										X		X						X									
	Excelsior Value & Restructuring				X										X		X						X									
	Harding Loevner Emerging			X										X							X											S
	Janus Growth & Income Fund				X										X		X						X									
	Janus Midcap Value Fund				X										X		X							X								
	Laudus / Schwab View Points			X											X		X						X									
	Marisco Intl. Fund				X										X		X							X								
	Pimco Total Return Fund			X											X		X						X									
	Schwab Health Care Fund			X											X		X						X									
	Schwab Premier Equity					X									X		X						X									
	SSGA Intl. Stock			X											X		X						X									
	UMB Scout Worldwide Intl.					X									X		X								X							
	Value Line Emerging Opp Fd			X											X		X						X									
	William Blair Small Cap Fd			X										X							X											S
	Schwab Dividend Equity					X									X		X								X							
	Schwab Small Cap Equity				X										X		X						X									
	Schwab Yield Plus Select				X										X		X							X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Davis III

Page 5 of 7

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Schwab 1000 Index Fund					X									X		X							X								
	Trans America Life Ins Ann				X										X		X						X									
	Virginia Retirement System IRA			X											X		X						X									
	Discover Bank CD					X									X		X								X							
	GMAC Bank CD				X										X		X						X									
	American Charter CD				X										X		X						X									
	Orion Bank CD				X										X		X						X									
	Sterling Bank CD				X										X		X					X										
	Colonial Bank CD						X								X		X								X							
	Washington Mutual Bank CD				X										X		X						X									
	Federal Home Loan Bank CD				X										X		X							X								
	Laudus Intl. Small cap					X									X		X							X								
	Schwab Savings					X									X		X						X									
	RTI Stock			X											X									X								P

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SCHEDULE IV — TRANSACTIONS

Name Thomas M. Davis III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
	RTI Stock	X			9-20-06	X									
	Harding Loevner Emerging		X		9-1-06	X									
	William Blair Small Cap Fund		X		9-1-06	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Consumer Electronic Association's Leaders in Technology Program	1/3/06–1/7/06	DC- Las Vegas - DC	Y	Y	N	None
	Microsoft	1/24/06–1/25/06	DC - Seattle - DC	Y	N	Y	None
	Natl. Assn. of Letter Carriers	8/14/06–8/16/06	Member: San Diego - Las Vegas - DC; Family Member: DC - Las Vegas - DC	Y	Y	Y	None
	Virginia Association of Counties	11/12/06–11/13/06	DC - Hot Springs, VA - DC	Y	Y	Y	None

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A — For use by Members, officers, and employees

(1) HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2007 JUN 11 PM 3:56

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Nathan Deal
(Full Name)

4685 Nopone Road Gainesville, GA 30506
(Mailing Address)

5-5211
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representatives — State: GA — District: 9 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Nathan Deal	6/11/07

SCHEDULE I - EARNED INCOME

Name Nathan Deal

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Georgia	legiaslative pension	$3,200
State of Georgia (spouse)	Educator Retirement pension	$15,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nathan Deal

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
5 acres on Log Cabin Road, Demorest, Georgia	$1,000,001 - $5,000,000	None		
50% ownership in Gainesville Slavage and Disposal, DBA C&D Investements, DBA C&D Leasing, DBA Recovery Services Inc. Gainesville, Georgia	$1,000,001 - $5,000,000	RENT	$15,001 - $50,000	
50% Ownership, Wilder Outdoors Inc., Baldwin, Georgia	$250,001 - $500,000	New Business, no income	NONE	
Commercial Building and 3.2 Acres on Hwy 365, 3840 State Highway 365 Baldwin, Georgia	$500,001 - $1,000,000	None		

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nathan Deal

	IRA with Community Bank and Trust, Cornelia, Georgia	$50,001 - $100,000	DIVIDENDS	$201 - $1,000
JT	IRA, Stearne Agee Leach (blind)	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500
SP	IRA, Stearnes Agee Leach (blind)	$50,001 - $100,000	None	$201 - $1,000
	Mans Securities Inc. Delaware	$50,001 - $100,000	DIVIDENDS	$201 - $1,000

SCHEDULE IV - TRANSACTIONS

Name Nathan Deal

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Community Bank and Trust, Cornelia, Georgia	Other		
SP	IRA, Sterns Agee (blind)	Other		
	Wilder Outdoors, Baldwin, Georgia	P		
SP	IRA, Stearnes Agee Leach (blind)	Other		
	Mans Securities Inc. Delaware	P		
	50% ownership in Gainesville Slavage and Disposal, DBA C&D Investements, DBA C&D Leasing, DBA Recovery Services Inc. Gainesville, Georgia	Other		
	50% Ownership, Wilder Outdoors Inc., Baldwin, Georgia	Other		
	IRA with Community Bank and Trust, Cornelia, Georgia	Other		
JT	15 acres, Log Cabin Road, Demorest, Georgia Gift to Daughter, Carrie Wilder	Other	09-01-06	$250,001 - $500,000
JT	12 acres, Nopone Road, Gainesville, Georgia	S	11-01-06	$250,001 - $500,000
JT	15 acres, Nopone Road, Gainesville, Georgia gift to son, Jason Deal	Other	08-15-07	$250,001 - $500,000

SCHEDULE V - LIABILITIES

Name Nathan Deal

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	State Farm Bank, New Jersey	Mortgage on 625 Log Cabin Road, Demorest, Georgia	$500,001 - $1,000,000
JT	Gainesville Bank and Trust Gainesville, Georgia	Commercial Loan on Wilder Outdoors Inc., Baldwin, Georgia	$500,001 - $1,000,000
	Guarantor, Community Bank and Trust, Cornelia, Georgia	Wilder Outdoors Inc., Baldwin, Georgia	$1,000,001 - $5,000,000
	Peachstate Bank, Gainesville, Georgia	Commercial Loan on Gainesville Salvage and Disposal	$250,001 - $500,000

SCHEDULE VIII - POSITIONS

Name Nathan Deal

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner (50%)	Gainesville Salvage and Disposal, DBA Recovery Services, DBA C&D Investments, DBA C&D Leasing

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Nathan Deal
(Full Name)

4685 Nopone Road Gainesville, GA 30506
(Mailing Address)

5-5211
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: GA — District: 9 ☐ Officer Or Employee — Employing Office:

Report Type: ☐ Annual (May 15) ☑ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Nathan Deal	6/12/07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nathan Deal

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
5 acres on Log Cabin Road, Demorest, Georgia	$1,000,001 - $5,000,000	None		
50% ownership in Gainesville Slavage and Disposal, DBA C&D Investements, DBA C&D Leasing, DBA Recovery Services Inc. Gainesville, Georgia	$1,000,001 - $5,000,000	RENT	$15,001 - $50,000	
50% Ownership, Wilder Outdoors Inc., Baldwin, Georgia	$250,001 - $500,000	New Business, no income	NONE	
Commercial Building and 3.2 Acres on Hwy 365, 3840 State Highway 365 Baldwin, Georgia	$1,000,001 - $5,000,000	None		

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nathan Deal

	IRA with Community Bank and Trust, Cornelia, Georgia	$50,001 - $100,000	DIVIDENDS	$201 - $1,000
JT	IRA, Steame Agee Leach (blind)	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500
SP	IRA, Stearnes Agee Leach (blind)	$50,001 - $100,000	DIVIDENDS	$201 - $1,000
	Mans Securities Inc. Delaware	$50,001 - $100,000	DIVIDENDS	$201 - $1,000

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

INSIDE MAIL
LEGISLATIVE RESOURCE CENTER
2007 MAY -9 PM 12: 11
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

PETER DeFAZIO
(Full Name)

2134 RHOB
(Mailing Address)

202 225 6416
Daytime Telephone:

Filer Status	☒ Member of the U.S. House of Representatives	State: OR District: 04	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Peter A DeFazio	5 May 07

Name	DeFazio	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US Govt	Self Salary	N/A
	City of Eugene	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name DeFazio | Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500

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Name DeFuzio | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Block E: P, S, E
SP	Examples: SP Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
SELF	WRIGHT PATMAN FCU			X													X					X										
SELF	SELCO CU			X													X					X										
SELF	BANK OF NEWZEALAND			X													X					X										
SELF	ASB BANK			X													X						X									
SELF	IRA COMMONWEALTH FUND			X										X							X											
SELF	OAKMARK SELECT			X											X			X					X									P/S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
Self	Dominion Resources	C $1,001 – $15,000	Dividends X	II $201 – $1,000	P Div Reinv
SP	Pacific Cascade FCO	C $1,001 – $15,000	Interest X	II $201 – $1,000	
SP	IRA Columbia Eq/Y	D $15,001 – $50,000	Rent X; Reinv	IV $1,001 – $2,500	P Div Reinv
SP	Bank of New Zealand	D $15,001 – $50,000	Interest X	IV $1,001 – $2,500	
SP	Sentinel Balanced	E $50,001 – $100,000	Rent X; Reinv	IV $1,001 – $2,500	P Div Reinv
SP	Deferred Comp ING		NO INCOME Deferred		
SP	Fidelity Contra	E $50,001 – $100,000	Compensation Acct Any + All		
SP	ING Fixed	F $100,001 – $250,000	Earnings are automatically Reinvested		
SP	Pax World Balanced	C $1,001 – $15,000	* Reinvested in Acct + Reflected		
SP	ING VP Index	D $15,001 – $50,000	in yearly value		
SP	Ford Pec Growth	C $1,001 – $15,000			
SP	Baron Growth	D $15,001 – $50,000			
SP	Vanguard Inst Index	C $1,001 – $15,000			
SP	Vankampen Comstock	C $1,001 – $15,000			
SP	Templeton For Fund	A $1,001 – $2,500	Sold – Distributed to other Funds Proportionately		S
JT	1/4 Share Rental 36 Hearlegg Avenue NZ	E $50,001 – $100,000	Rent X	IV $1,001 – $2,500	
JT	Rental 335 Anawing Anawiva NZ	F $100,001 – $250,000	Rent X	VII $15,001 – $50,000	

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SCHEDULE IV — TRANSACTIONS

Name DeFazio

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-06		X								
SELF	Oakmark Select		X		4/24/2006	X									
SELF	Oakmark Select	X	Monthly Payroll Deduct			X	Total for YR								
SP	Templeton For Fund		X		3/28/2006	X	Dist Proportionately To other Def Comp Accounts								
SP	ALL Below are Deferred Comp	X	ALL Payroll Deduct				Bi-monthly Purchase								
SP	Fidelity Contra	X													
SP	ING Fixed	X													
SP	Pax World Balanced	X													
SP	ING VP Index	X													
SP	Euro Pac Growth	X													
SP	Baron Growth	X													
SP	Vanguard INS Index	X													
SP	Van Kampen Comstock	X													

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Citi Mortgage	Mort 1083 S. 70th Spud	OR			X						
JT	Countrywide	Mort 5388 Fine Grove Lapine	OR	X								
JT	Bank of New Zealand	Mort 36 Hempleman Avon	NZ	X								
JT	Bank of New Zealand	Mort 335 Auckland Auckland	NZ		X							
SELF	Capital One	Credit Card	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

Name DeFazio | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

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(10)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Diana DeGette
(Full Name)

2421 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-4431
Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives	State: CO District: 01	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts–	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Diana L. DeGette	5-15-07

1078

SCHEDULE I - EARNED INCOME

Name Diana DeGette

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
McKenna Long & Aldridge LLP	Spouse's share of partnership income	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana DeGette

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	AIM Small Cap Growth (McKenna Long & Aldridge 401(k))	$1,001 - $15,000	N/A	Dividends	P
SP	AIM Small Cap Growth (McKenna Long & Aldridge Profit Sharing Plan)	$15,001 - $50,000	N/A	Dividends	P
SP	Baron Partners Fund (IRA)	$1,001 - $15,000	Capital Gains	$1 - $200	P
SP	Baron Small Cap Fund (IRA)	$1,001 - $15,000	Capital Gains	$1,001 - $2,500	P
SP	Chase Growth Fund (IRA)	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	P
	Fidelity Aggressive Growth (IRA)	$1,001 - $15,000	N/A	NA	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana DeGette

JT	Fidelity Balanced Fund	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	P
SP	Fidelity Cash Reserves IRA)	$1-$1,000	Dividends	$1 - $200	P
	Fidelity Cash Reserves (SP, IRA)	$1 - $1,000	Dividends	$1 - $200	P
SP	Fidelity Contrafund (IRA)	$1,001 - $15,000	Dividends/Capital Gains	$1 - $200	P
	Fidelity Leveraged Co. Stock Fund (IRA)	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	P
SP	Fidelity Leveraged Co. Stock Fund (SP, IRA)	$15,001 - $50,000	Dividends/Capital Gains	$1,001 - $2,500	P
	Fidelity Select Leisure Fund (IRA)	$1,001 - $15,000	Capital Gains	$1,001 - $2,500	P
SP	Fidelity Select Medical Delivery Fund (SP, IRA)	$15,001 - $50,000	Dividends/Capital Gains	$2,501 - $5,000	P
SP	GS Small Cap Value I (McKenna Long & Aldridge 401(k))	$15,001 - $50,000	N/A	Dividends	P
SP	GS Small Cap Value I (McKenna Long & Aldridge Profit Sharing Plan	$100,001 - $250,000	N/A	Dividends	P
SP	Hennessy Focus 30 Fund (SP, IRA)	$1,001 - $15,000	Capital Gains	$201 - $1,000	P
SP	Hodges Fund (SP, IRA)	$15,001 - $50,000	Capital Gains	$201 - $1,000	P
SP	McKenna Long & Aldridge LLP Cash Balance Plan	$15,001 - $50,000	Interest	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana DeGette

SP	Munder Mid Cap Core Growth Fund (McKenna Long & Aldridge 401(k))	$1,001 - $15,000	N/A	Dividends	P
SP	Munder Mid Cap Core Growth Fund (McKenna Long & Aldridge Profit Sharing Plan)	$15,001 - $50,000	N/A	Dividends	P
	Public Employees Retirement Ass'n	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	P
SP	Stratton Growth Fund (IRA)	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	P
JT	Wells Fargo Bank West, N.A.	$1,001 - $15,000	Dividends/Capital Gains	$1 - $200	N/A
	Westerra Credit Union	$1 - $1,000	Dividends	$1 - $200	N/A

SCHEDULE IV - TRANSACTIONS

Name Diana DeGette

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Artisan Mid Cap Value (McKenna Long & Aldridge 401(k))	P	1-4-2006	$1,001 - $15,000
SP	GS Small Cap Value I (McKenna Long & Aldridge 401 (k))	P	1-4-2006	$1,001 - $15,000
SP	SSgA Lifecycle 2020 Fund (McKenna Long & Aldridge 401 (k))	P	1-4-2006	$1,001 - $15,000
SP	Van Kampen Growth & Income (McKenna Long & Aldridge 401(k))	P	1-4-2006	$1,001 - $15,000
SP	Artisan Mid Cap Value (McKenna Long & Aldridge Profit Sharing Plan)	P	3-7-2006	$1,001 - $15,000
SP	GS Small Cap Value I (McKenna Long & Aldridge Profit Sharing Plan)	P	3-7-2006	$1,001 - $15,000
SP	SSgA Lifecycle 2020 Fund (McKenna Long & Aldridge Sharing Plan)	P	3-7-2006	$1,001 - $15,000
SP	Van Kampen Growth & Income (McKenna Long & Aldridge Profit Sharing Plan)	P	3-7-2006	$1,001 - $15,000
SP	McKenna Long & Aldridge LLP Cash Balance	P	3-31-2006	$15,001 - $50,000
SP	AIM Small Cap Growth (McKenna Long & Aldridge 401(k))	P	5-1-2006	$1,001 - $15,000
SP	AIM Small Cap Growth (McKenna Long & Aldridge Profit Sharing Plan)	P	5-1-2006	$15,001 - $50,000
SP	Artisan Mid Cap Value (McKenna Long & Aldridge 401(k))	S	5-1-2006	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Diana DeGette

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Artisan Mid Cap Value (McKenna Long & Aldridge Profit Sharing Plan)	S	5-1-2006	$15,001 - $50,000
SP	GS Small Cap Value I (McKenna Long & Aldridge 401(k))	P	5-1-2006	$1`
SP	GS Small Cap Value I (McKenna Long & Aldridge Profit Sharing Plan)	P	5-1-2006	$15,001 - $50,000
SP	Munder Mid Cap Core Growth Fund (McKenna Long & Aldridge 401(k))	P	5-1-2006	$1,001 - $15,000
SP	Munder Mid Cap Core Growth Fund (McKenna Long & Aldridge Profit Sharing Plan)	P	5-1-2006	$15,001 - $50,000
SP	SSgA Lifecycle 2020 Fund (McKenna Long & Aldridge 401(k))	S	5-1-2006	$1,001 - $15,000
SP	SSgA Lifecycle 2020 Fund (McKenna Long & Aldridge Profit Sharing Plan)	S	5-1-2006	$15,001 - $50,000
SP	Van Kampen Growth & Income (McKenna Long & Aldridge 401(k))	S	5-1-2006	$1,001 - $15,000
SP	Van Kampen Growth & Income (McKenna Long & Aldridge Profit Sharing Plan)	S	5-1-2006	$15,001 - $50,000
SP	Fidelity Leveraged Co. Stock Fund (SP, IRA)	P	9-8-2006	$1,001 - $15,000
SP	Baron Small Cap Fund (SP, IRA)	P	11-20-2006	$1,001 - $15,000
SP	Fidelity Leveraged Co. Stock Fund (SP, IRA)	P	12-8-2006	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Diana DeGette

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Fidelity Select Leisure Fund (SP, IRA)	P	12-8-2006	$1,001 - $15,000
SP	Fidelity Select Medical Delivery Fund (SP, IRA)	P	12-8-2006	$1,001 - $15,000
SP	GS Small Cap Value I (McKenna Long & Aldridge 401(k))	P	12-12-2006	$1,001 - $15,000
SP	GS Small Cap Value I (McKenna Long & Aldridge Profit Sharing Plan)	P	12-12-2006	$1,001 - $15,000
SP	AIM Small Cap Growth (McKenna Long & Aldridge Profit Sharing Plan)	P	12-15-2006	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Diana DeGette

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Israel Education Foundation	January 7-15	Denver-Newark-Tel Aviv-Newark-Denver	Y	Y	N	None
Robert Wood Johnson Foundation	October 19-20	Phoenix AZ-Tuscon, AZ	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Diana DeGette

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Colorado Children's Chorale

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

William D. Delahunt
(Full Name)

2454 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-3111
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representatives — State: MA District: 10 ☐ Officer Or Employee — Employing Office: Rep. William D Delahunt

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	William D. Delahunt	May 15, 2007

1088

SCHEDULE I - EARNED INCOME

Name William D. Delahunt

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Commonwealth of Massachusetts Retirement System	Pension	$57,084

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name William D. Delahunt

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Citizen's Bank, Quincy, MA	$1,001-$15,000	INTEREST	$201 - $1,000	
Commonwealth of Massachusetts Deferred Compensation Plan	$250,001 - $500,000	INTEREST	$5,001 - $15,000	

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

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HC

Rosa L. DeLauro
(Full Name)

49 Huntington Street
New Haven, CT 06511
(Mailing Address)

202-225-3661
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: CT District: 3rd; [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any *reportable gift* in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or *before* the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child *purchase, sell,* or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, *"unearned" income, transactions,* or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rosa L. DeLauro	5/14/07

Name Rosa L. DeLauro

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Greenberg Quinlan Rosner Research, Inc.	Spouse Salary	N/A
Greenberg Research, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	Rosa L. DeLauro	Page 1 of 1

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate *confidential* list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
NONE			

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Name Rosa L. DeLauro

Page 1 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B												Block C							Block D												Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp. Stock					X								X										X									P
	Simon & Schuster			Indefinite																Royalties									X				
	1st Bank of Paducah, KY accounts						X									X										X							
JT	Chase Manhattan-Escrow			X													X					X											
JT	United Bank Checking						X										X					X											
	United Bank Checking			X													X					X											
	Citizens Bank-Scholarship			X																	X												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page ___ of ___

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	MERRILL LYNCH - JOINT																														
	Diamonds Trust Series I	X													X			X								X					S
	Enhanced Equity Yield	X													X							X									S
	Nasdaq 100 Tr Unit Ser1	X													X			X							X						S
	Standard. & Poors	X																X								X					S
	Powershares ETF Port	X													X							X									P/S
	US Treasury	X															X	X							X						P/S
	ML Money Market Funds					X											X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 3 of 5

BLOCK A Asset and/or Income Source (SP, DC, JT)	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
MERRILL LYNCH																															
Diamonds Trust Series I	X													X			X							X							S
* Blackrock Enhanced Eq Yld			X											X			X					X									
Nasdaq 100 Tr Unit Ser 1	X													X			X							X							S
Standard & Poors	X																X							X							S
Powershares ETF Port				X										X							X										P
US Treasury	X															X	X							X							P/S
ML Money Market Funds				X												X						X									

* Formerly Enhanced Equity Yield Fund

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	TIAA Traditional Retirement					X											X								X							
SP	CREF Stock Retirement						X											X									X					
	TIAA Traditional Retirement				X												X							X								
	CREF Stock Retirement						X											X									X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	John Hancock																															
	Greenberg Quinlan Rosner																															
	Research Retirement Plan:																															
	Funds:																															
	JH Pimco Total Return				X												X						X									P
	JH Weitz Partners Value					X											X								X							P
	JH Franklin Balance Sheet					X											X								X							P
	JH Lord Abbett All Value					X											X								X							P
	JH Lord Abbett Mid Cap Val					X											X								X							P
*	JH DWS RREEF Real Estate					X											X									X						P
	JH Excelsior Value & Res					X											X								X							P
	JH Jennison Growth					X											X							X								P
	JH Templeton Foreign					X											X								X							P
	JH Aim Small Cap Growth				X												X									X						P
	Small Cap Index Fund				X												X									X						P
	*Formerly JH Scudder RREEF Real Estate																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
SP	Greenberg Quinlan Rosner Research Inc. 67% Owner 10 G Street, NE Washington, DC 20002 Polling/Consulting Services	J $5,000,001 – $25,000,000	SEE STATEMENT I	I None	
SP	Greenberg Research Inc. 100% Owner 10 G Street, NE Washington, DC 20002 Strategic Consulting	B $1 – $1,000	SEE STATEMENT II	I None	
SP	Sun Surveys LLC 60% Owner 9425 Sunset Drive Miami, FL Phone Surveys	C $1,001 – $15,000	Partnership Income	IV $1,001 – $2,500	

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Name Rosa L. DeLauro

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-08		X								
JT	MERRILL LYNCH - JOINT														
	Diamonds Trust Series I		X		2-23-06		X								
	Enhanced Equity Yield		X		8-14-06	X									
	Nasdaq 100 Tr Unit Ser1		X		2-23-06	X									
	Standard & Poors		X		2-23-06		X								
	Powershares ETF Port		X		8-14-06		X								
	US Treasury		X		9-15-06				X						
	US Treasury	X			2-23-06				X						
	Powershares ETF Port	X			2-23-06		X								

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Name Rosa L. DeLauro

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-06		X								
	MERRILL LYNCH														
	Diamonds Trust Series I		X		2-23-06		X								
	Nasdaq 100 Tr Unit Ser 1		X		2-23-06	X									
	Standard & Poors		X		2-23-06		X								
	US Treasury	X			2-23-06		X								
	US Treasury		X		10-31-06		X								
	Powershares ETF Port	X			2-28-06		X								

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Name Rosa L. DeLauro

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–06		X								
SP	John Hancock														
	Greenberg Quinlan Rosner Research Retirement														
	Plan- Funds:														
	JH Pimco Total Return	X			Monthly	X									
	JH Weitz Partners Value	X			Monthly	X									
	JH Franklin Balance Sheet	X			Monthly	X									
	JH Lord Abbett All Value	X			Monthly	X									
	JH Lord Abbett Mid Cap Value	X			Monthly	X									
	JH DWS RREEF Real Esate	X			Monthly	X									
	JH Excelsior Value & Res	X			Monthly	X									
	JH Jennison Growth	X			Monthly	X									
	JH Templeton Foreign	X			Monthly	X									
	JH Aim Small Cap Growth	X			Monthly	X									
	Small Cap Index Fund	X			Monthly	X									

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Name	Rosa L. DeLauro	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Chase Phoenix, As	Auto Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NONE		

Attach if more space is required

Name Rosa L. DeLauro | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	NONE						

This page may be copied if more space is required.

Name	Rosa L. DeLauro	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Fellow	Timothy Dwight College - Yale University
Member of Board of Directors	Women's Campaign School - Yale University
Honorary Board Member	Special Olympics - Connecticut
Honorary Board Member	Sisters Journey
Advisory Board Member	Roosevelt Institution
National Advisory Board	National Research Center for Women & Families

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I, Schedule III, Page 6:

Greenberg Quinlan Rosner Research Inc. – Ownership value based on an independent business valuation.

Statement II, Schedule III, Page 6:

Greenberg Research, Inc. – Ownership value based on an independent business valuation.

LEGISLATIVE RESOURCE CENTER
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(1)

HC

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Charles W. Dent
(Full Name)

3626 Evening Star Terrace Allentown, PA 18104
(Mailing Address)

(202) 225-6411
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: PA District: 15 — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☑ No ☐
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions– Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Charles W. Dent	5/14/07

1107

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles W. Dent

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see Instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	American Bank	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	American Bank	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	AFLAC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	AFLAC (one account listed last year: it should have been listed as two. The second listing is describe above)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Air Products and Chemicals stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Bank of America stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles W. Dent

JT	Bank of America	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Agere Systems	$1 - $1,000	DIVIDENDS	NONE	
JT	Alentel--Lucent	$1 - $1,000	None	NONE	
JT	I-Shares Dow Jones Select	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	PIMCO FDS	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Nuveen Municipal Value	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Wachovia Bank Sweep	$1,001 - $15,000	INTEREST	$1 - $200	
	Wachovia Bank Sweep	$1,001 - $15,000	INTEREST	IRA	
	Agere	$1 - $1,000	None	IRA	
	Avaya	$1 - $1,000	None	IRA	
	Alentel-Lucent	$1 - $1,000	None	IRA	
	I-shares Dow Jones	$1,001 - $15,000	IRA/Mutual funds//DIVIDENDS	$1 - $200	
	Gabelli Equity Trust	$1,001 - $15,000	IRA/Mutual Funds//DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles W. Dent

	Gabelli Utility Trust	$1 - $1,000	IRA/Mutual Funds//DIVIDENDS	$1 - $200	
DC	Wachovia Bank Sweep	$15,001 - $50,000	CAPITAL GAINS	$1 - $200	
DC	I-shares Dow Jones	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Discover Bank CD	$1,001 - $15,000	INTEREST	$201 - $1,000	
DC	Alliance Bernstein Growth Fund	$1,001 - $15,000	Mutual funds//DIVIDENDS	$1 - $200	
DC	Alliance Premium Large Cap	$1,001 - $15,000	Mutual funds//DIVIDENDS	$1 - $200	
DC	Wachovia Bank Sweep	$1,001 - $15,000	INTEREST	$1 - $200	
DC	I-shares Dow Jones	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Capital One CD	$1,001 - $15,000	INTEREST	$201 - $1,000	
DC	Legg Mason Partners	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Wachovia Bank Sweep	$1,001 - $15,000	INTEREST	$1 - $200	
DC	I-shares Dow Jones	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Capital One CD	$1 - $1,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles W. Dent

DC	Alliance Large Cap	$1 - $1,000	DIVIDENDS	$1 - $200
DC	Oppenheimer Quest	$1,001 - $15,000	DIVIDENDS	$1 - $200
DC	VK Harbor Fund CLA	$1,001 - $15,000	DIVIDENDS	$1 - $200
DC	Lafayette Ambassador Bank	$1,001 - $15,000	INTEREST	$1 - $200
DC	Lafayette Ambassador Bank	$1,001 - $15,000	INTEREST	$1 - $200
DC	Lafayette Ambassador Bank	$1,001 - $15,000	INTEREST	$1 - $200
DC	Embassy Bank	$1 - $1,000	INTEREST	$1 - $200
DC	Embassy Bank	$1 - $1,000	INTEREST	$1 - $200
DC	Embassy Bank	$1 - $1,000	INTEREST	$1 - $200
JT	Treasury Fund	$1,001 - $15,000	INTEREST	$1 - $200
JT	Wachovia Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
	PA SERS	$50,001 - $100,000	PA state pension	NONE
	PA Deferred Comp	$50,001 - $100,000	PA state pension	NONE
	TIAA-CREF: TIAA traditional long term bonds	$50,001 - $100,000	retirement fund	NONE

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles W. Dent

	TIAA-CREF: CREF stock	$1,001 - $15,000	retirement fund	NONE
SP	Merrill Lynch IRA: American Europacific Growth fund (stock)	$1,001 - $15,000	IRA	NONE
SP	Merrill Lynch IRA: Davis New York Venture (stock)	$1,001 - $15,000	IRA	NONE
SP	Merrill Lynch IRA: Oppenheimer Small and Midcap Value (stock)	$1 - $1,000	IRA	NONE
SP	Merrill Lynch IRA: Loomis Sayles Strategic Income Fund (bonds)	$1,001 - $15,000	IRA	NONE
SP	PA Tap account	$1,001 - $15,000	529 plan	NONE
JT	Bank of America	$1,001 - $15,000	checking account	NONE
	A trust was set up by my mother-in-law in 2005 to benefit my children; I am not a beneficiary to the trust. I have no control over the assets of that trust. And I do not know any details regarding the trust assets.	unknown		NONE

SCHEDULE IX - AGREEMENTS

Name Charles W. Dent

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
010106-123106	Charles W. Dent and the Commonwealth of Pennsylvania	health insurance provided by Highmark Blue Shield

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

HAND DELIVERED

2007 MAY 11 PM 12:43

(Office Use Only)

Lincoln Diaz-Balart
(Full Name)

8525 NW 53rd Terrace, Suite 102 Miami, FL 33166
(Mailing Address)

305-470-8555
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives State: FL District: 21 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		MAY 11, 2007

SCHEDULE I - EARNED INCOME

Name Lincoln Diaz-Balart

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Transatlantic Bank, Miami, FL	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lincoln Diaz-Balart

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	AG Edwards & Sons IRA - Van Kampen Equity Trust II Technology Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	AG Edwards& Sons IRA - Van Kampen Equity Trust Select Growth Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Citibank Savings	$1,001 - $15,000	INTEREST	$1 - $200	
	Fidelity Puritan Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Morgan Stanley Liquid Asset Fund	None	INTEREST	NONE	S
	New England Life Insurance Policy	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lincoln Diaz-Balart

SP	Oakmark Equity and Income Fund	$1,001 - $15,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$1,001 - $2,500	P
SP	Prudential Guaranteed Income Fund	$1,001 - $15,000	INTEREST	$1 - $200	PE
SP	Small Cap Granahan Fund	$1,001 - $15,000	CAPITAL GAINS	$1,001 - $2,500	P

SCHEDULE IV - TRANSACTIONS

Name Lincoln Diaz-Balart

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Morgan Stanley Liquid Asset Fund	S	01-04-06	$15,001 - $50,000
SP	Prudential Guaranteed Income Fund *401K plan was moved to Prudential Fund, portions of funding were later dispersed to Oakmark and Granahan	PE	01-04-06	$15,001 - $50,000
SP	Oakmark Equity and Income Fund	P	02-17-06	$1,001 - $15,000
SP	Small Cap Granahan Fund	P	02-17-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Lincoln Diaz-Balart

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Bank of America	Line of Credit	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name Lincoln Diaz-Balart

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman	Congressional Hispanic Leadership Institute

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY 11 AM 10:46 (5)

HC (Office Use Only)

Mario Diaz-Balart (Full Name)
15724 SW 64 Street (Mailing Address)
Miami, FL 33193
305-225-6866 Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: FL District: 25	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-10-07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hewlett-Packard Company	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each* asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: $1,000,001 – $5,000,000	I: $5,000,001 – $25,000,000	J: $25,000,001 – $50,000,000	K: Over $50,000,000	L	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: $1,000,001 – $5,000,000	X: Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock						X								X										X								P
	DC Simon & Schuster			Indefinite																	Royalties										X		
	JT 1st Bank of Paducah, KY accounts							X									X										X						
SP	16551 NE 26 Ave #5C N. Miami Beach, FL 33160							X									X										X						

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Mario Diaz-Balart | Page 4 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								
SP	Hewlett Packard Company Stock			X		7-27-06		X								

This page may be copied if more space is required.

Name Mario Diaz-Balart | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wachovia Bank	Boat Loan	X									
SP	New Century, Irvine CA	Mortgage on: 16555 NE 26 Avenue N. Miami Beach, FL				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

2007 MAY 15 AM 10: 54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

NORMAN D. DICKS
(Full Name)

2467 RAYBURN HOB WASHINGTON, DC 20515
(Mailing Address)

5-5916
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives State: WA District: 06 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts– Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions– Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Norman D. Dicks	May 15, 2007

SCHEDULE I - EARNED INCOME

Name NORMAN D. DICKS

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
US Capitol Historical Society	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NORMAN D. DICKS

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. *For an IRA or retirement plan that is not self-directed, name* the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	Lincoln Life - AFIS Growth Retirement annuity P.O. Box 2340, Fort Wayne, IN 46801	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	Other
SP	Lincoln Life -AFIS International Retirement annuity P.O. Box 2340, Fort Wayne, IN 46801	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	Other
SP	Lincoln Life - NB Mid Cap Value Retirement annuity P.O. Box 2340, Fort Wayne, IN 46801	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	Other

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NORMAN D. DICKS

SP	Lincoln Life - Del Small Cap Value Retirement Annuity P.O. Box 2340 Fort Wayne, IN 46801	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	Other
	Wright Patman Congressional FCU-	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Wachovia Bank, N.A.	$1,001 - $15,000	None	NONE	
SP	Massachusetts Mutual Life Ins, Panorama Premier, American Century VP Value, Springfield, MA - IRA	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	Other

SCHEDULE IV - TRANSACTIONS

Name NORMAN D. DICKS

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Lincoln Life - AFIS Growth Retirement Annuity P.O. Box 2340 Fort Wayne, IN 46801	Other	annual retirement contribution	$1,001 - $15,000
SP	Lincoln Life -AFIS International Retirement Annuity P.O. Box 2340 Fort Wayne, IN 46801	Other	annual retirement contribution	$1,001 - $15,000
SP	Lincoln Life - NB Mid Cap Value Retirement Annuity P.O. Box 2340 Fort Wayne, IN 46801	Other	annual retirement contribution	$1,001 - $15,000
SP	Lincoln Life - Del Small Cap Value Retirement Annuity P.O. Box 2340 Fort Wayne, IN 46801	Other	annual retirement contribution	$1,001 - $15,000
SP	Massachusetts Mutual Life Ins, Panorama Premier, American Century VP Value, Springfield, MA - IRA	Other	Dividends added during year	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name NORMAN D. DICKS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute	Jan 8-13, 2006	DC-Punta Mita, Mexico-DC	Y	Y	Y	N/A

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 PM 5:03

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U.S. HOUSE OF REPRESENTATIVES

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13

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

John D. Dingell
(Full Name)

2328 Rayburn HOB Washington, DC 20515
(Mailing Address)

202-225-4071
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: MI District: 15	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☑ No ☐

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John D. Dingell	May 15, 2007

1132

SCHEDULE I - EARNED INCOME

Name John D. Dingell

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
General Motors Corp	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Adams Express Co Maryland	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
SP	AIM Constellation Fund Class A (formerly Aggressive Growth fund)	$1,001 - $15,000			
JT	American Intl Group Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
SP	Bank Hapoalim B.M. - NY DTD	$15,001 - $50,000			P
JT	Bank of America Corp	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
JT	Bank One	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

JT	Brandywine Fund Inc	$50,001 - $100,000	CAPITAL GAINS	$201 - $1,000	
SP	Cincinnati Bell Inc	None			S
JT	CISCO Sys Inc	None			S
	Citibank NA Bank Deposit Program	$1,001 - $15,000	INTEREST	$201 - $1,000	
JT	Citigroup Inc	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Columbia Acorn Fund Z	$100,001 - $250,000	CAPITAL GAINS/DIVIDENDS	$5,001 - $15,000	
SP	Conagra Foods Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Conoco Phillips	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	S
SP	CVS Corp	$15,001 - $50,000	DIVIDENDS	$1 - $200	PS
JT	Davis New York Venture Fund	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	
	Detroit Mich Cap IMPT SER-A	$15,001 - $50,000			P
SP	DirecTV Group Inc	$15,001 - $50,000			
JT	Dodge and Cox Stock Fund	$50,001 - $100,000	CAPITAL GAINS/DIVIDENDS	$2,501 - $5,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

	EI DuPont DeNemours & Co	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	EMC Corp-Mass	None			S
SP	Exelon Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Federal Farm Credit Bank Cons Bonds	$1,001 - $15,000			P
SP	FID Diversified Intl (previously listed as part of General Motors Savings-Stock Purchase Program)	$50,001 - $100,000			
SP	FID Equity Income (previously listed as part of General Motors Savings-Stock Purchase Program)	$1,001 - $15,000			
SP	FID Growth Company (previously listed as part of General Motors Savings-Stock Purchase Program)	$1,001 - $15,000			
	Gabelli Asset Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	General Electric Co	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	General Motors Corp	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	General Motors Corp Stock Options	$500,001 - $1,000,000			
SP	General Motors Pension Fund	N/A as pension is vested			

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

SP	GM Common Stock (previously listed as part of General Motors Savings-Stock Purchase Program)	$100,001 - $250,000			
JT	GMAC Commercial Mortgage BK-UT				S
	Heartland Value Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
JT	Income Fund of America	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
SP	Ingersoll Rand Co	None			S
SP	Intel Corp	None	DIVIDENDS	$1 - $200	S
	Istar Finl Inc	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	Ivy Asset Strategy Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Johnson & Johnson	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Kent Hospital Fin Auth Mich Bond	$50,001 - $100,000			
JT	Legg Mason Partners Appreciation Fund (formerly Smith Barney Appreciation Fund Class A)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
JT	Legg Mason Value Trust	$100,001 - $250,000			
SP	Marsh & McLennan Cos Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

	Merck & Co Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Muniyield Mich INSD FD INC	None			S
JT	Mutual Beacon	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
JT	Mutual Qualified	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	
JT	Mutual Shares	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Newell Rubbermaid Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Nicholas Fund, Inc.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Oppenheimer Global Fund	$50,001 - $100,000	CAPITAL GAINS/DIVIDENDS	$2,501 - $5,000	P
SP	Pfizer Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Praxair Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Procter & Gamble Co	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Promark Income Fund (previously listed as part of General Motors Savings-Stock Purchase Program)	$250,001 - $500,000			

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

SP	Promark LG Cap Index (previously listed as part of General Motors Savings-Stock Purchase Program)	$1,001 - $15,000			
SP	Quintana Maritime LTD USD	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
JT	Smith Barney Municipal Money Market Fund	$15,001 - $50,000	DIVIDENDS		
	Spectra Fund	$1,001 - $15,000			S
JT	The Torray Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Thornburg MTG Inc	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
SP	Time Warner Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Tyco International LTD	None	DIVIDENDS	$1 - $200	S
	UTS Uncommon Values TR #2005 A Annl PMT Series	None	DIVIDENDS		S
	UTS Uncommon Values TR #2006 A Annl PMT Series	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	VanKampen Emerging Growth Fund	$1,001 - $15,000			
JT	Wachovia Bank	$100,001 - $250,000	INTEREST	$1 - $200	
JT	Wachovia Securities	$15,001 - $50,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

SP	Wal-Mart Stores Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Washington Mutual Bank - NV DTD INT: Maturity	$15,001 - $50,000			P
SP	Washington Mutual Bank - NV DTD INT: Semi-Ann	$15,001 - $50,000			P
JT	Washington Mutual Inc	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Wells Fargo & Co	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name John D. Dingell

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Adams Express Co Maryland	P	11/21/06	$1,001 - $15,000
	American Intl Group Inc	S	3/28/06	$1,001 - $15,000
SP	Bank Hapoalim B.M. - NY DTD	P	10/23/06	$15,001 - $50,000
SP	Cincinnati Bell Inc	S	3/28/06	$1,001 - $15,000
JT	Cisco Sys Inc	S	12/24/06-12/14/06	$15,001 - $50,000
JT	Conoco Phillips	S	10/18/06	$15,001 - $50,000
SP	CVS Corp	S	5/24/06	$1,001 - $15,000
SP	CVS Corp	P	12/4/06	$1,001 - $15,000
	Detroit Mich Cap IMPT SER-A	P	10/23/06	$15,001 - $50,000
JT	Dodge and Cox Stock Fund	P	6/23/06	$1,001 - $15,000
SP	EMC Corp Mass	S	3/28/06	$1,001 - $15,000
SP	Federal Farm Credit Bank Cons Bonds	P	12/14/06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name John D. Dingell

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Ingersoll Rand Co LTD	S	10/24/06	$1,001 - $15,000
SP	Intel Corp	S	10/24/06	$1,001 - $15,000
JT	Ivy Asset Strategy Fund	P	10/24/06	$15,001 - $50,000
JT	Legg Mason Partners Appreciation Fund	S	10/18/06	$15,001 - $50,000
JT	Muniyield Mich INSD FD INC	S	4/11/06	$15,001 - $50,000
JT	Oppenheimer Global Opptys Fund	P	3/28/06-4/7/06	$50,001 - $100,000
SP	Quintana Maritime LTD USD	P	10/18/06	$1,001 - $15,000
JT	Thornburg MTG Inc	P	3/28/06-12/14/06	$15,001 - $50,000
SP	Tyco Intl LTD New	S	3/28/06	$1,001 - $15,000
	UTS Uncommon Values TR #2005 A ANNL	S	10/18/06	$15,001 - $50,000
	UTS Uncommon Values TR #2006 A ANNL	P	10/19/06	$15,001 - $50,000
SP	Washington Mutual Bank - NV DTD INT: Maturity	P	4/4/06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name John D. Dingell

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Washington Mutual Bank - NV DTD INT: Semi-Ann	P	10/23/06	$15,001 - $50,000
	Spectra Fund	S	12/20/06	$1,001 - $15,000
JT	GMAC Commercial Mortgage BK-UT	S	4/28/06	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John D. Dingell

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Detroit Regional Chamber of Commerce	5/29-6/3, with wife as spouse in her capacity as sponsor, shared room	Dearborn, MI- Mackinac, MI-Dearborn, MI	Y	Y	N	None

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Lloyd Doggett
(Full Name)

1157 San Bernard Street Austin, TX 78702
(Mailing Address)

2022254865
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: TX District: 25 | ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lloyd Doggett	5/15/07

1145

SCHEDULE I - EARNED INCOME

Name Lloyd Doggett

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Texas ERS	Annuity	$64,648
Institute for Educational Leadership	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
1200 Baylor #401, Austin TX	$250,001 - $500,000	Rent	$5,001 - $15,000	
21.12 Acres, Northern Dona Ana City, NM (1/24 interest)	$1,001 - $15,000	Rent	$1 - $200	
220 N. Mesa, El Paso, TX (1/12 interest)	None	Rent	$201 - $1,000	S
3800 Kennelwood Austin, TX	$250,001 - $500,000	None	NONE	
6734 Spicewood Springs, Travis Co. TX	$1,000,001 - $5,000,000	Rent	$50,001 - $100,000	
711 N. Piedras, El Paso, TX (1/12 interest)	$1,001 - $15,000	Rent	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

8.16 acres Lohman's Ford Crossing Road., Travis Co., TX	$15,001 - $50,000	None	NONE	
AIM Basic Balanced Fund	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
AIM Small Company Growth	$100,001 - $250,000	Capital Gains	$15,001 - $50,000	P
Alcatel/Lucent (formerly Lucent Tech)	$1,001 - $15,000	None	NONE	
Alltel Corp.	$1,001 - $15,000	Dividends	$201 - $1,000	
American Century Ultra Fund	$100,001 - $250,000	Capital Gains	$5,001 - $15,000	P
Anadarko Petroleum	$1,001 - $15,000	Dividends	$1 - $200	
Apache Corp	$50,001 - $100,000	Dividends	$201 - $1,000	
Applied Materials Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
AT&T Corp Com	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Bank of America Corp	$15,001 - $50,000	Dividends	$201 - $1,000	Merger MBNA
Baxter International	$1,001 - $15,000	Dividends	$1 - $200	
Blockbuster	None	Dividends	NONE	S
Bristol-Myers Squibb Co	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Burlington Northern Santa Fe Common	$15,001 - $50,000	Dividends	$201 - $1,000	
CBS Corp	$1,001 - $15,000	Dividends	$1 - $200	Viacom Merger
Charles Schwab Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
Checkpoint Software	$15,001 - $50,000	None	NONE	
Chevron Corp Com	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Cincinnati Bell	None	None	NONE	S
Cisco Systems Inc	$15,001 - $50,000	None	NONE	
Citigroup Inc	$15,001 - $50,000	Dividends	$1,001 - $2,500	
Coca-Cola Company	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Comcast	$15,001 - $50,000	None	NONE	
Computer Sciences Corp	$15,001 - $50,000	None	NONE	
Congressional Federal Credit Union	$1,001 - $15,000	Interest	$1 - $200	
Credit Suisse Cap Apprec Fund	$100,001 - $250,000	None	NONE	
Dell Computer Corp	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Dominion	$1,001 - $15,000	None	$201 - $1,000	
Edwards A.G. Inc	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Energy East	$15,001 - $50,000	Dividends	$201 - $1,000	
Exxon Mobil Corp Com	$100,001 - $250,000	Dividends	$2,501 - $5,000	P
First Data Corp Common	$15,001 - $50,000	Dividends	$1 - $200	
First Energy	$15,001 - $50,000	Dividends	$201 - $1,000	
Franklin Mutual Shares Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
General Electric Co Com	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Guidant Corp/Boston Scientific merger	None	None	NONE	S
Home Depot Inc Com	$50,001 - $100,000	Dividends	$201 - $1,000	
Honeywell International	$15,001 - $50,000	Dividends	$201 - $1,000	
INSD MUN INCM TR SR 86 Semi-Annual	$1,001 - $15,000	Interest	$1 - $200	
Intel Corp Com	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
International Business Machines	$100,001 - $250,000	Dividends	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

International Paper Co.	$1,001 - $15,000	Dividends	$201 - $1,000	S
J P Morgan Chase & Co Com	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Janus Fund	$15,001 - $50,000	None	$201 - $1,000	
Janus Mid Cap Value Fund	$50,001 - $100,000	Dividends/Gains	$2,501 - $5,000	P
Janus Twenty Fund	$15,001 - $50,000	Dividends	$1 - $200	
JDS Uniphase Corp	None	None	NONE	S
Jensen Portfolio Fund	$15,001 - $50,000	Dividends	$1 - $200	
Johnson & Johnson	$50,001 - $100,000	Dividends	$201 - $1,000	
Lewisville TX Indep School District Due 8/15/07	$15,001 - $50,000	None	NONE	
Luminex Corp Com New	$15,001 - $50,000	None	NONE	
MBNA Corp	None	None	NONE	S/Merger
Merck & Co Inc	$50,001 - $100,000	Dividends	$2,501 - $5,000	P
Mineral Interest, McFarland Tract, Ward Co., TX	$1,001 - $15,000	Royalty	$201 - $1,000	
Newfield Expl. Co.	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Nokia Corp Sponsored ADR	$15,001 - $50,000	Dividends	$201 - $1,000	
Nuveen Inter Duration Muni Bond Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
Nuveen Large Cap Value Fund	$15,001 - $50,000	Dividends/Gains	$1,001 - $2,500	P
Nuveen Muni Adv Fund	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Oakmark International Fund	$250,001 - $500,000	Dividends/Gains	$50,001 - $100,000	P
Oppenheimer Strategic (formerly Multi Sector Income Tr)	$1,001 - $15,000	Dividends	$201 - $1,000	
Oracle Corp Com	$15,001 - $50,000	None	NONE	
Pfizer Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
Phoenix Focused Value	$250,001 - $500,000	Dividends/Gains	$15,001 - $50,000	P, S
PPG Industries Inc	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Price Science and Technology	$250,001 - $500,000	None	NONE	
Proctor & Gamble Co	$100,001 - $250,000	Dividends	$2,501 - $5,000	P
Prosperity Bank	$50,001 - $100,000	Interest	$1,001 - $2,500	
Schwab Muni Money Fund	$100,001 - $250,000	Dividends	$1,001 - $2,500	S,P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Selected American Shares	$100,001 - $250,000	Dividends	$201 - $1,000	
SprintNextel Corp (formerly Sprint FON)	$15,001 - $50,000	Dividends	$201 - $1,000	
Supertex Inc	$15,001 - $50,000	None	NONE	
Texas Instruments Inc	$15,001 - $50,000	Dividends	$1 - $200	
TIAA-CREF Retirement - Global Equities	$15,001 - $50,000	Gains	$2,501 - $5,000	P
TIAA-CREF Retirement - Real Estate	$50,001 - $100,000	Gains	$5,001 - $15,000	P
TIAA-CREF Retirement - Stock	$15,001 - $50,000	Gains	$2,501 - $5,000	P
Time Warner Inc Com	$15,001 - $50,000	None	$1 - $200	
Union Pacific Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
Vanguard Convertible Securities	$500,001 - $1,000,000	Dividends/Gains	$50,001 - $100,000	P
Vanguard Growth Index Fund Admiral	$100,001 - $250,000	Dividends/Gains	$1,001 - $2,500	P
Vanguard Int. Term Tax-Exempt Fund Admiral	$50,001 - $100,000	Dividends	$2,501 - $5,000	P
Vanguard Long-Term Corp Admiral	$250,001 - $500,000	Dividends	$15,001 - $50,000	
Vanguard Ltd. Term Tax-Exempt Fund Admiral	$100,001 - $250,000	Dividends	$5,001 - $15,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Vanguard PRIMECAP Fund Admiral	$500,001 - $1,000,000	Dividends/Gains	$15,001 - $50,000	P
Vanguard Selected Value Fund	$250,001 - $500,000	Dividends/Gains	$15,001 - $50,000	P
Vanguard Small-Cap Index Fund Inv	$50,001 - $100,000	Dividends	$201 - $1,000	
Vanguard Tax Exempt MM	$15,001 - $50,000	Dividends	$201 - $1,000	
Vanguard Total Stock Market	$250,001 - $500,000	Dividends/Gains	$5,001 - $15,000	P
Vanguard U.S. Growth Fund Admiral	$500,001 - $1,000,000	Dividends	$2,501 - $5,000	P
Vanguard Wellesley Income fund	$1,001 - $15,000	Dividends	$201 - $1,000	
Vanguard Windsor II Fund	$50,001 - $100,000	Dividends	$2,501 - $5,000	P
Verizon Communications Com	$15,001 - $50,000	Dividends	$1,001 - $2,500	S
Viacom Inc Class B	None	Dividends	$1 - $200	S
Waste Management Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
Weitz Value	$250,001 - $500,000	Dividends/Gains	$15,001 - $50,000	P
Western Union (First Data Spinoff)	$1,001 - $15,000	Dividends	$1 - $200	
Whole Foods Mkt Inc	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Williams Cos Inc Com	None	Dividends	$1 - $200	S
Windstream Corp (Alltel spinoff)	None	Dividends	NONE	
Xerox Corporation	$1,001 - $15,000	Dividends	NONE	

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Exxon Mobil	P	Periodic Reinvestment	$1,001 - $15,000
	Franklin Mutual Shares Fund	P	Periodic Reinvestment	$1,001 - $15,000
	JP Morgan Chase	P	Periodic Reinvestment	$1,001 - $15,000
	PPG Industries	P	Periodic Reinvestment	$1,001 - $15,000
	Proctor & Gamble	P	Periodic Reinvestment	$1,001 - $15,000
	Phoenix Focused Value	P	Periodic Reinvestment	$15,001 - $50,000
	Phoenix Focused Value	S	12-15-06	$100,001 - $250,000
	Oakmark International Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Weitz Value Fund	P	Periodic Reinvestment	$15,001 - $50,000
	Vanguard Convertible Securities	P	Periodic Reinvestment	$50,001 - $100,000
	Vanguard Growth Index Fund Admiral	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard U.S. Growth Fund Admiral	P	Periodic Reinvestment	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Vanguard Int. Term Tax - Exempt Fund Admiral	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Ltd. Term Tax-Exempt Fund Admiral	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Selected Value Fund	P	Periodic Reinvestment	$50,001 - $100,000
	Vanguard Total Stock Market Ind Inv	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Windsor II	P	Periodic Reinvestment	$1,001 - $15,000
	Nuveen Muni Advantage Fund	P	Dividend Reinvestment	$1,001 - $15,000
	Chevron Corp Com	P	Dividend Reinvestment	$1,001 - $15,000
	Coca-Cola Company	P	Dividend Reinvestment	$1,001 - $15,000
	International Business Machins	P	Dividend Reinvestment	$1,001 - $15,000
	Merck & Co Inc	P	Dividend Reinvestment	$1,001 - $15,000
	Guidant	S	4-24-06	$1,001 - $15,000
	AT&T	P	Dividend Reinvestment	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	AIM Small Company Growth	P	Periodic Reinvestment	$15,001 - $50,000
	Janus Midcap Value Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Verizon Communications Com	P	Periodic Reinvestment	$1,001 - $15,000
	International Paper	S	12-28-06	$1,001 - $15,000
	Nuveen Large Cap Value Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Blockbuster	S	11-27-06	$1,001 - $15,000
	Boston Scientific	S	12-20-06	$1,001 - $15,000
	MBNA Corp	S	1-3-06	$1,001 - $15,000
	Cincinnati Bell	S	12-26-06	$1,001 - $15,000
	Viacom	S	11-27-06	$1,001 - $15,000
	JDS Uniphase Corp	S	12-26-07	$1,001 - $15,000
	Verizon Communications Com	S	11-27-06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Williams Cos. Inc Com	S	11-27-06	$1,001 - $15,000
	Windstream	S	11-27-06	$1,001 - $15,000
	American Century Ultra Fund	P	Periodic Reinvestment	$1,001 - $15,000
	220 N. Mesa, El Paso, TX (1/12 interest)	S	7-13-06	$15,001 - $50,000
	Schwab Muni Money Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Edwards A.G. Inc	P	Dividend Reinvestment	$1,001 - $15,000
	Intel Corp Com	P	Dividend Reinvestment	$1,001 - $15,000
	AIM Basic Balanced Fund	P	Dividend Reinvestment	$1,001 - $15,000
	General Electric Co Com	P	Dividend Reinvestment	$1,001 - $15,000
	TIAA-CREF Retirement - Real Estate	P	Monthly	$1,001 - $15,000
	TIAA-CREF Retirement - Stock	P	Monthly	$1,001 - $15,000
	TIAA-CREF Retirement - Global Equities	P	Monthly	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Vanguard PRIMECAP Fund Admiral	P	Dividend Reinvestment	$15,001 - $50,000
	Schwab Muni Money Fund	S	12-18-06	$15,001 - $50,000
	Schwab Muni Money Fund	P	12-4-06	$15,001 - $50,000
	Schwab Muni Money Fund	S	6-28-06	$1,001 - $15,000
	Schwab Muni Money Fund	S	1-18-06	$15,001 - $50,000
	Schwab Muni Money Fund	S	1-4-06	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Lloyd Doggett

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Liberty Bank, Austin	Letter of Credit on 6734 Spicewood Springs	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Lloyd Doggett

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Congressional Program of the Aspen Institute	May 27-June 7	U.S. - Turkey - U.S.	Y	Y	Y	5 Days
The Congressional Program of the Aspen Institute	August 12-23	U.S. - Poland - U.S.	Y	Y	Y	5 Days

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

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(Office Use Only)

HC (5)

Joseph S. Donnelly
(Full Name)

16200 Foxcross Drive Granger, IN 46530
(Mailing Address)

574-272-0475
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: IN District: 02	☐ Officer Or Employee — Employing Office:
Report Type	(☑) Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? ~~If yes, complete and attach Schedule I.~~	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe S Donnelly	5-15-07

SCHEDULE I - EARNED INCOME

Name Joseph S. Donnelly

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Marking Solutions	Salary	$8,302
Black, Mann and Graham	Legal Services	$15,900
University of Notre Dame	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph S. Donnelly

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. ~~Exclude: Your personal residence(s) (unless there is rental income);~~ any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	1930 Lakeshore Drive, Michigan City, IN	$500,001 - $1,000,000	Rental	$1,001 - $2,500	
SP	Fidelity IRA, Dividend Growth Fund	$15,001 - $50,000	DIVIDENDS/INTEREST	$2,501 - $5,000	
	Fidelity IRA, Money Market Fund	$1,001 - $15,000	INTEREST	$1 - $200	
JT	IBM Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Manulife Financial	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Notre Dame Credit Union IRA, Money Market Fund	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph S. Donnelly

SP	Notre Dame Credit Union IRA, Money Market Fund	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Notre Dame Credit Union Savings Account	$1,001 - $15,000	INTEREST	$1 - $200	
SP	TIAA-CREF IRA Account, Growth & Income Fund	$15,001 - $50,000	DIVIDENDS/INTEREST	$2,501 - $5,000	

SCHEDULE V - LIABILITIES

Name Joseph S. Donnelly

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	St. Joseph Capital Bank, Mishawaka, IN	Mortgage on 1930 Lakeshore Drive, Michigan City, IN	$100,001 - $250,000
	St. Joseph Capital Bank	Business Loan	$50,001 - $100,000
JT	Links Mortgage Corporation	Mortgage on 1930 Lakeshore Drive, Michigan City	$50,001 - $100,000
	Bank of America	Credit Card Payment	$15,001 - $50,000
	Chase Bank	Credit Card Payment	$15,001 - $50,000

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

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(Office Use Only)

John Taylor Doolittle
(Full Name)

2410 Rayburn Building Washington, DC 20515
(Mailing Address)

202.225.2511
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: CA District: 04 | ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 *during the reporting period*? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	John T. Doolittle	06-14-2007

SCHEDULE I - EARNED INCOME

Name John Taylor Doolittle

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Sierra Dominion Financial Services, Inc.	Spouse Salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Taylor Doolittle

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that *exceeds the reporting threshold* and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the *reporting period. For an active* business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is *that of your spouse (SP) or dependent child (DC)* or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow *you to choose specific* investments, you may write "NA" for income. For all *other assets, indicate* the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Applied Materials, Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Atlas Growth Opportunity Fund (Doolittle family estate--Executor)	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
California Legislative Retirement Systems(not self-directed)	$50,001 - $100,000	None	NONE	
Chevron USA, Inc. (Doolittle family trust--50% beneficiary)	$15,001 - $50,000	Other: Royalties	$5,001 - $15,000	
Cisco Systems, Inc	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Taylor Doolittle

	Congressional FCU Account (Doolittle family trust--50% beneficiary)	$1,001 - $15,000	INTEREST	$1 - $200	
	Intel Corporation	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Inter-Tel, Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Kohls Corp	$1,001 - $15,000	None	NONE	
	Krispy Kreme Doughnut Corp	$1,001 - $15,000	None	NONE	
	Microsoft Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Nordstrom, Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Novamed, Inc	$1,001 - $15,000	None	NONE	
	Oil, gas and mineral rights to Property: Sec 28, T4S, R21E, Slm/Vernal, Utah (Doolittle family trust--50% beneficiary)	$1 - $1,000	None	NONE	
	Pepsico, Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Research In Motion	$1,001 - $15,000	None	NONE	
	Schwab Cash Fund	$1,001 - $15,000	INTEREST	$1 - $200	
	Scottish Power, PLC (Doolittle family estate--Executor)	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Taylor Doolittle

	Teppco Crude Oil, L.P. (Doolittle family trust--50% beneficiary)	$1,001 - $15,000	Other: Royalties	$201 - $1,000	
	Time Warner, Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE V - LIABILITIES

Name *John Taylor Doolittle*

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Chase Card Services, Chase Bank USA, Palatine, Illinois	Revolving charge account	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Taylor Doolittle

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Heritage Foundation	January 29-31, 2006	Washington DC-Baltimore-Washington DC	N	Y	N	None

SCHEDULE VIII - POSITIONS

Name John Taylor Doolittle

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	J-T Investments (uncompensated)
Member, Board of Directors and Secretary	Oak Marr Courts Home Owners Association (uncompensated)

FOOTNOTES

Name John Taylor Doolittle

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Value of asset fell below $1000 and earned no income.	Sirius Satellite Radio(2006 Disclosure)
2	Schedule III	Value of rights could not be determined.	Rights in Vernal, Utah

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Michael F. Doyle, Jr.
(Full Name)

205 Hawthorne Court Pittsburgh, PA 15221
(Mailing Address)

202-225-2135
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: PA District: 14	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? ~~If yes, complete and attach Schedule I.~~	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? ~~If yes, complete and attach Schedule VI.~~	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/07

1177

SCHEDULE I - EARNED INCOME

Name Michael F. Doyle, Jr.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Eastgate Insurance Agency	Renewal Commission	$11,152.52
Doyle for Congress Committee	Spouse Salary	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael F. Doyle, Jr.

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	1916 Monongahela Avenue	$50,001 - $100,000	Rent	$1,001 - $2,500	
	Eastgate Insurance Agency (45% Owner)	$50,001 - $100,000		NONE	
	SERS-Commonwealth of Pennsylvania	$100,001 - $250,000		NONE	

SCHEDULE V - LIABILITIES

Name Michael F. Doyle, Jr.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Allegheny Valley Bank of Pittsburgh	Mortgage on 1916 Monongahela Avenue	$50,001 - $100,000
	Sallie Mae	Parent Plus College Loans	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name Michael F. Doyle, Jr.

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary/Treasurer	Eastgate Insurance Agency

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2007 MAY 10 PM 3:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Thelma D. Drake
(Full Name)

2306 Bay Oaks Pl.
Norfolk, VA 23518
(Mailing Address)

202-225-4215
757-497-6859
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thelma Drake	5/8/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hampton Roads Home Team	Spouse Salary	5,000.00
	Virginia Retirement System	Retirement	2012.04

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thelma D. Drake

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B		Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples.*	SP	Mega Corp. Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties								X			
			1st Bank of Paducah, KY accounts						X								X									X						
JT	3014 - 3018 E. Ocean View Av.									X							X										X					
JT	403 Westmont Av.								X								X									X						
JT	414 Freshmeadow Rd.								X								X									X						
JT	9549 7th Bay St.								X								X									X						
JT	9527 - 9531 11th Bay St.									X							X										X					
JT	3004 E. Ocean View Av.									X							X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	2143 E. OCEAN VIEW						X									X										X						
SP	~~9625 2nd Bay St.~~						X							X							X											
JT	ES 4th Bay St.					X								X							X											
JT	WS 7th Bay St.						X							X							X											
JT	9635-9639 15th Bay							X								X										X						
SP	8423 Tidewater DR.						X									X										X						P
SP	1204 Warwick AV.						X											X								X						S
SP	Edward D. Jones Hampton Hedge Brookshires			X											X							X										
	Mass Mutual Guar Principal Asset			X											X							X										
	Mass Mutual MML Managed Bond				X										X								X									
	Mass Mutual MML Equity			X											X							X										
	Mass Mutual MML Managed Bond			X											X							X										
	Mass Mutual DPP Aggressive Growth			X											X							X										
SP	Edward D. Jones Euro Pacific Growth			X											X							X										
SP	Edward D. Jones Fundamental Investors			X											X							X										
SP	Edward D. Jones Growth Fund of America			X											X							X										
SP	Edward D. Jones New Economy Fund			X											X							X										
SP	Edward D. Jones Home DEPOT			X											X							X										
SP	Edward D. Jones NEW Economy			X											X							X										
SP	Edward D. Jones Putnam Voyager Fund			X											X							X										
SP	Edward D. Jones Time Warner			X											X							X										
	Edward D. Jones Home DEPOT		X												X							X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thelma D. Drake

Page 5 of 7

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P S E
	Mass Mutual			X											X							X										
	DPP Global Sec																															
	Edward D. Jones		X												X							X										
	Oracle Co																															
JT	Dominion Power		X												X									X								
SP	SunTrust			X											X							X										
SP	Bank of Hampton Roads				X										X									X								
SP	Progress Energy			X											X									X								
JT	SunTrust (checking)			X													X					X										
JT	SunTrust (money mkt)			X													X					X										
JT	Wachovia (money mkt)			X													X					X										
JT	Wachovia (checking)			X													X					X										
JT	Bank of Hampton Rds (ckg)			X													X					X										
JT	Bank of Hpt Rds (savings)				X												X					X										
	Virginia Retirement System				X									X											X							

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SCHEDULE IV — TRANSACTIONS

Name Thelma D. Drake

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								
SP	8428 Tidewater Dr (spouse bought out a partner)		X			11-30-06			X							
SP	1204 Warwick Av.			X		3-31-06				X						

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Countrywide Home Loans	Mortgage 414 Fresh Meadow		X								
JT	Wachovia Mortgage 3014-3018 E. OCEAN View 414 Fresh Meadow 15th Bay, 3004 E. OV 11th Bay	Mortgage 9527-9539 11th Bay				X						
JT	Wachovia Bank	Lines of Credit						X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

2007 MAY 15 AM 11:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED (13)
(Office Use Only)

David Dreier
(Full Name)

510 East Foothill Boulevard, Suite 201 San Dimas, CA 91773
(Mailing Address)

909 575-6226
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: CA District: 26	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	*Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child* because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David Dreier	5/11/07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any ~~debt owed to you by your spouse~~, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Aegon NV	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	P
Am Funds Washington Mutual F	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
Am Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
Anheuser Busch COS, Inc.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
Automatic Data	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
Bakerfields Ca. CTFS	$50,001 - $100,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

	Bank of America	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Blackrock Enhanced DIVID Achievers Trust	None	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
	California Infrastructure	None	DIVIDENDS	$201 - $1,000	S
	CBS Corp. (spin off from Viacom B)	$250,001 - $500,000	DIVIDENDS	$5,001 - $15,000	
	Citigroup 6.45	$15,001 - $50,000	INTEREST	$201 - $1,000	P
	Clorox Co.	None	DIVIDENDS	$1 - $200	S
	Coca Cola	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Colgate Palmolive	None	DIVIDENDS	$1 - $200	S
	Compania	None	DIVIDENDS	$1 - $200	PS
	Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$201 - $1,000	
	CVS Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Danaher	None	DIVIDENDS	$1 - $200	PS
	Dow Chemical	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Eaton Vance Tax Diversified Buy Write Opportunities Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

	Eaton Vance Tax Managed	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Eaton Vance Tax Managed Global Buy Write Opportunities Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Evergreen Income Advantage Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Fischer Scientific	None	None	NONE	PS
	Fiserv, Inc	$1,001 - $15,000	None	NONE	P
	Franklin Templeton Mutual Shares (RMA)	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Freescale Semi Conductor	None	None	NONE	S
	Gaylord Entertainment	$250,001 - $500,000	None	NONE	
	General Electric	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Hartford Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Hewlett Packard	None	DIVIDENDS	$201 - $1,000	S
	Hugoton Royalty (spin off from XTO Energy	$1 - $1,000	INTEREST	$1 - $200	
	Idearc (spin off from Verizon)	$1 - $1,000	None	NONE	S
	Informa	None	None	NONE	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

	Int'l Business Mach	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
	J.P. Morgan	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	John Hancock Financial Inds Fund Cl A	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	John Hancock Regional Bank	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Kellogg	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Kohls	None	None	NONE	PS
	LM Ericsson Telefon Co	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Manitowoc	None	DIVIDENDS	$1 - $200	PS
	Mass Mut Life	$50,001 - $100,000	INTEREST	$1 - $200	
	McMoran Exploration	$1 - $1,000	None	NONE	
	Merck & Co.	None	DIVIDENDS	$1 - $200	S
	Microsoft	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Mosaic	$1,001 - $15,000	None	NONE	
	National City Cap	$15,001 - $50,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

	Nicholas Applegate Conv & Income Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
	Novartes	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	OK Publishing Company	$500,001 - $1,000,000	DIVIDENDS	$201 - $1,000	
	Pfizer, Inc.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Pimco Ca. Mutual	$15,001 - $50,000	INTEREST	$1 - $200	S
	Proctor & Gamble	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Qualcomm	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	RMA Money Market Protfolio	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Roberthalf	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Salomon Bros. Emerging Markets Income Fund, Inc.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Satyan Comp	None	DIVIDENDS	$1 - $200	PS
	Seagate Tech	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Seligman Communications	$15,001 - $50,000	None	NONE	
	Surewest Communications	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

	Taiwan Semi	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Thermo Fisher	None	None	NONE	PS
	Tiffany Manor (Apartment Bldg KC, Mo)	$5,000,001 - $25,000,000	RENT/INTEREST	$50,001 - $100,000	
	Time Warner	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Transocean	None	None	NONE	S
	UBA IRA Novell, Inc.	$1,001 - $15,000	None	NONE	
	UBS AG EAS 4/30/07	$50,001 - $100,000	None	NONE	
	UBS AG EAS 8/31/06	None	None	NONE	S
	UBS IRA Franklin Small Growth Fund Cap	$15,001 - $50,000	None	NONE	
	UBS IRA Hewlett Packard	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	UBS IRA UBS Bank Dep Acct	$1 - $1,000	INTEREST	$1 - $200	
	UBS Retirement Money Funds (UBS IRA)	$1 - $1,000	INTEREST	$1 - $200	
	Vallecitos Wtr	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Verisign	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Dreier

	Verizon	None	DIVIDENDS	$201 - $1,000	S
	Viacom (split from Viacom B)	$250,001 - $500,000	DIVIDENDS	$1,001 - $2,500	
	Wachovia	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Western Assets (formally Salomon Bros. Emerging Markets Floating Rate Fund, Inc.)	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	S
	~~Western Assets II (formally~~ Salomon Bros. Emerging Markets Income Fund II)	~~$1,001 - $15,000~~	~~DIVIDENDS/CAPI~~ TAL GAINS	$201 - $1,000	
	XM Satellite	None	None	NONE	PS
	XTO Energy	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE IV - TRANSACTIONS

Name David Dreier

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Salomon Bros Emerging Market Floating Rate Fund	S	2/22/06	$1,001 - $15,000
	Hewlett Packard	S	10/20/06	$15,001 - $50,000
	Automatic Data	P	3/28/06	$1,001 - $15,000
	Bank of America	P	3/28/06, 6/15/06	$1,001 - $15,000
	Coca Cola	P	3/28/06	$1,001 - $15,000
	CVS Corp.	P	1/26/06	$1,001 - $15,000
	Dow Chemical	P	1/26/06, 3/28/06, 4/18/06	$15,001 - $50,000
	Fiserv, Inc	P	1/26/06	$1,001 - $15,000
	Hartford Fund	P	3/28/06	$1,001 - $15,000
	J.P. Morgan	P	6/15/06	$15,001 - $50,000
	Kellogg	P	3/28/06	$1,001 - $15,000
	Novartes	P	3/28/06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name David Dreier

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Proctor & Gamble	P	1/26/06	$1,001 - $15,000
	Qualcomm	P	1/26/06	$1,001 - $15,000
	Roberthalf	P	1/26/06	$1,001 - $15,000
	Seagate Tech	P	1/26/06	$1,001 - $15,000
	Taiwan Semi	P	3/28/06	$1,001 - $15,000
	Verisign	P	1/26/06	$1,001 - $15,000
	Wachovia	P	3/28/06, 6/15/06	$1,001 - $15,000
	XTO Energy	P	1/26/06	$1,001 - $15,000
	Eaton Vance Tax Managed	P	11/27/06	$50,001 - $100,000
	Citigroup 6.45	P	11/15/06	$15,001 - $50,000
	National City Cap	P	10/27/06	$15,001 - $50,000
	Blackrock Enhanced DIVID Achievers Trust	S	10/17/06, 11/08/06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name David Dreier

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Aegon NV	P	6/22/06	$15,001 - $50,000
	Clorox Co.	S	2/17/06	$15,001 - $50,000
	Colgate Palmolive	S	3/17/06	$15,001 - $50,000
	Pimco Ca. Mutual	S	1/26/06	$15,001 - $50,000
	Danaher	PS	1/26/06, 10/17/06	$1,001 - $15,000
	Compania	PS	3/28/06, 10/17/06	$1,001 - $15,000
	Manitowoc	PS	1/26/06, 4/21/06	$1,001 - $15,000
	Satyan Comp	PS	1/26/06, 10/17/06	$1,001 - $15,000
	California Infrastructure	S	4/19/06	$15,001 - $50,000
	Fischer Scientific	PS	3/28/06, 10/17/06	$1,001 - $15,000
	Informa	PS	1/26/06, 10/17/06	$1,001 - $15,000
	Kohls	PS	2/9/06, 6/15/06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name David Dreier

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	XM Satellite	PS	1/26/06, 6/15/06	$1,001 - $15,000
	Transocean	S	3/17/06	$15,001 - $50,000
	Thermo Fisher	PS	6/2/06, 10/17/06	$1,001 - $15,000
	Nicholas Applegate Conv & Income Fund	S	1/26/06	$1,001 - $15,000
	Freescale Semi Conductor	E	12/4/06	$15,001 - $50,000
	Verizon	S	12/15/06	$15,001 - $50,000
	UBS AG EAS 8/31/06	S	5/3/06	$50,001 - $100,000
	Merck & Co.	S	1/20/06	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name David Dreier

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary (Uncompensated)	The Dreier Family Foundation
Board Of Trustees (Uncompensated)	Claremont McKenna College
Board of Visitors (Uncompensated)	Claremont Graduate University School of Politics and Economics
Board of Advisors Member (Uncompensated)	Los Angeles Mission
Member (Uncompensated)	Advisory Council, Center for Strategic & International Studies
Member (Uncompensated)	Council on Foreign Relations
Trustee (Uncompensated)	H. Edward Dreier, Jr. Trust

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER (10)
2007 MAY 10 PM 3:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

John J. Duncan, Jr.
(Full Name)

12103 Butternut Circle
(Mailing Address)

202-225-5435
Daytime Telephone

Knoxville, TN 37922

Filer Status: [X] Member of the U.S. House of Representatives — State: TN District: 02 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X] No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jo J Duncan Jr	5/8/07

1202

Name	John J. Duncan, Jr.	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Tennessee-Board of Probation and Parole	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	John J. Duncan, Jr.	Page 1 of 1

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John J. Duncan, Jr.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples: SP Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	Smith-Barney-IRA Fidelity Value Fund				X										X							X										
	Smith-Barney-IRA Fidelity Fund Inc.			X											X							X										
	Smith-Barney-IRA Income Fund of America				X										X							X										
	Smith-Barney-IRA BB&T Stock					X									X										X							Partial Sale
DC	Cracker Barrel-Stock			X											X							X										
	State of TN. Pension Fund			X													X					X										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name John J. Duncan, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
	WesternBank of PR- Cert. of Deposit	X			9-12-06			X							
	BankEast Corporation - Stock	X			11-02-06		X								
	BB&T - Stock (IRA)		X		11-02-06			X							

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Name John J. Duncan, Jr.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
N/A		

Use additional sheets if more space is required.

Name	John J. Duncan, Jr.	Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Assoc. of American Railroads	Jan. 5-7	Knoxville-Naples-No Return	Y	Y	N	NONE

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Name John J. Duncan, Jr.	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John J. Duncan, Jr.

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Smith-Barney/Citibank-MM			X													X					X									Part Trans to C.D.
	Congressional CU-Check			X										X							X										
	BB&T Stock						X								X										X						
	Bank North-Stock			X											X							X									
	Toronto Dominion-Stock			X											X							X									
	Gap Inc. - Stock			X											X							X									
	Home Depot - Stock			X											X							X									
	Citigroup Cap.VIII-Stock				X										X									X							
	Exxon - Stock				X										X								X								
	Southern Company-Stock				X										X									X							
	Westernbank of PR- C.D.					X											X						X								P
	BankEast Corp. - Stock				X									X							X										P

This page may be copied if more space is required.

JOHN J. DUNCAN, JR.
2ND DISTRICT, TENNESSEE

2207 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–4202
PHONE: (202) 225–5435
FAX: (202) 225–6440

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MARYVILLE, TN 37804–5782
PHONE: (865) 984–5464
FAX: (865) 984–0521

6 EAST MADISON AVENUE COURTHOUSE
ATHENS, TN 37303–4297
PHONE: (423) 745–4671
FAX: (423) 745–6025

Congress of the United States
House of Representatives
Washington, DC 20515–4202

COMMITTEES
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
HIGHWAYS AND TRANSIT – RANKING MEMBER
WATER RESOURCES AND ENVIRONMENT
AVIATION

NATURAL RESOURCES
SUBCOMMITTEE:
NATIONAL PARKS, FORESTS, AND PUBLIC LANDS

OVERSIGHT AND GOVERNMENT REFORM
SUBCOMMITTEES:
NATIONAL SECURITY AND FOREIGN AFFAIRS
GOVERNMENT MANAGEMENT, ORGANIZATION, AND PROCUREMENT

May 7, 2007

Ms. Lorraine C. Miller
Clerk of the House
House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, D.C. 20515

Dear Ms. Miller:

I wish to clarify the "excepted trusts" noted on my 2006 Financial Disclosure Statement. The trust noted on my report consists of the Lois S. Duncan Grandchildren's Trust Fund. The trustee is Attorney James H. London, with his office being located at 1716 Clinch Avenue, Knoxville, TN 37916.

The beneficiaries of the trust include one of my children that was a dependent in 2006. This is not an income trust and no funds will be disbursed until the beneficiaries reach their 30th birthday. The value of the trust at the end of 2006 was approximately $26,000 per child. This information was provided by Mr. William Slayden, the accountant for the trust.

With kindest regards, I am

Yours truly,

JOHN J. DUNCAN, JR.
Member of Congress

LEGISLATIVE RESOURCE CENTER

2007 MAY 15 AM 9:51

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (4)

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A — For use by Members, officers, and employees

Thomas Chester Edwards
(Full Name)

2369 Rayburn House Office Building Washington, DC 20515 — (202) 225-6105
(Mailing Address) — Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representative — State: TX District 17	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions–	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Chet Edwards	May 15, 2007

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Chester Edwards

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	Vanguard 500 Index Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Wright Patman Federal Credit Union Money Market	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Central National Bank Freedom Account	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Central National Bank Checking	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Congressional Federal Credit Union, Checking	$1,001 - $15,000	None	NONE	
JT	Congressional Federal Credit Union, Checking	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Chester Edwards

JT	Sun Trust, Checking	$1,001 - $15,000	INTEREST	$1 - $200	
	Vanguard 500 Index Fund Roth IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Employees Retirement System of Texas	$1,001 - $15,000	None	NONE	
SP	Vanguard 500 Index Fund Roth IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Vanguard 500 Index Fund IRA	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Regions Financial Corporation	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Nationwide Financial Services	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Hartford Life and Annuity Insurance Company	$50,001 - $100,000	None	NONE	P
DC	Vanguard 500 Index Fund Education Savings	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Vanguard 500 Index Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Vanguard 500 Index Fund Education Savings	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Vanguard 500 Index Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	SunTrust Savings	$1,001 - $15,000	INTEREST	$1 - $200	
DC	SunTrust Savings	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Thomas Chester Edwards

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Vanguard 500 Index Fund IRA	P	3-20-06	$1,001 - $15,000
SP	Hartford Life and Annuity Insurance Company	P	12-18-06	$15,001 - $50,000

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HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Vernon J. Ehlers
(Full Name)

1848 Morningside Drive Grand Rapids, MI 49506
(Mailing Address)

202-225-3831
Daytime Telephone:

Filer Status	☑ Member of the U S House of Representatives	State: MI District 3	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Vernon J. Ehlers	5/14/07

SCHEDULE I - EARNED INCOME

Name Vernon J. Ehlers

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Michigan	Pension	$35,764
State of California	Pension	$4,630
Kent County, Michigan	Pension	$1,969

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Vernon J. Ehlers

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
American Scientific Affiliation	Speech	July 30, 2006	$500
East Congregational United Church of Christ	Speech	September 17, 2006	$75

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	Lake Michigan Credit Union IRA	$1,001 - $15,000	DIVIDENDS	N/A	
	Lake Michigan Credit Union	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	Northern Trust Bank	$100,001 - $250,000	INTEREST	$1,001 - $2,500	
	Macatawa Bank	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Chase Bank	$15,001 - $50,000	INTEREST	$201 - $1,000	
	TIAA CREF Retirement Account TIAA Traditional Fund	$50,001 - $100,000	combination	N/A	

	TIAA CREF Retirement Account CREF Stock Fund	$100,001 - $250,000	combination	N/A	
	TIAA CREF Retirement Fund CREF Real Estate Fund	$100,001 - $250,000	combination	N/A	
	TIAA CREF Retirement Fund CREF Bond Market Fund	$50,001 - $100,000	combination	N/A	
	TIAA CREF Retirement Fund CREF Inflation Linked Bond Fund	$50,001 - $100,000	combination	N/A	
	TIAA CREF SRA Retirement Fund TIAA Traditional Fund	$1,001 - $15,000	combination	N/A	
	TIAA CREF SRA Retirement Fund CREF Stock Fund	$1,001 - $15,000	combination	N/A	
	IRA Marsico Growth Fund	None	combination	N/A	S
	IRA Vanguard 500 Index Fund	None	combination	N/A	S
	IRA Excelsior Value and Restructuring Fund	None	combination	N/A	S
	IRA First Eagle Fund of America	None	combination	N/A	S
	IRA Wasatch Growth Fund	None	combination	N/A	S
	IRA Fidelity Advisor Diversified International Fund	None	combination	N/A	S
	IRA Morgan Stanley Core Plus Fund	None	combination	N/A	S
	IRA Vanguard Short Term Corporate Bond Fund	None	combination	N/A	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

	IRA Vanguard Long Term Corporate Bond Fund	None	combination	N/A	S
	IRA DFA International Core Equity Fund	$15,001 - $50,000	combination	N/A	P
	IRA DFA US Core Equity Fund	$100,001 - $250,000	combination	N/A	P
	IRA Dimensional Advisor Five Year Govt Portfolio	$15,001 - $50,000	combination	N/A	P
	IRA DFA Emerging Markets Core Equity Portfolio	$15,001 - $50,000	combination	N/A	P
	IRA Dimensional Advisor One Year Fixed Income Portfolio	$15,001 - $50,000	combination	N/A	P
	IRA DFA Invt Two Year Global Fixed Income Fund	$15,001 - $50,000	combination	N/A	P
	IRA Dimensional Advisor Real Estate Securities Portfolio	$15,001 - $50,000	combination	N/A	P
	IRA Dimensional Adv Global Fixed Income Portfolio	$15,001 - $50,000	combination	N/A	P
	IRA Fidelity Cash Reserves	$1,001 - $15,000	combination	N/A	

SCHEDULE IV - TRANSACTIONS

Name Vernon J. Ehlers

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	IRA Marsico Growth Fund (rollover)	S	9-6-06	$1,001 - $15,000
	IRA Vanguard 500 Index Fund (rollover)	S	9-6-06	$15,001 - $50,000
	~~IRA Excelsior Value and Restructuring Fund~~ (rollover)	S	~~9-6-06~~	~~$15,001 - $50,000~~
	IRA First Eagle Fund of America (rollover)	S	9-6-06	$15,001 - $50,000
	IRA Wasatch Growth Fund (rollover)	S	9-6-06	$15,001 - $50,000
	IRA Fidelity Advisor Diversified International Fund (rollover)	S	9-06-06	$15,001 - $50,000
	IRA Morgan Stanley Core Plus Fund (rollover)	S	9-6-06	$15,001 - $50,000
	IRA Vanguard Short Term Corporate Bond Fund (rollover)	S	9-6-06	$50,001 - $100,000
	IRA Vanguard Long Term Corporate Bond Fund (rollover)	S	9-6-06	$15,001 - $50,000
	IRA DFA International Core Equity Fund (rollover)	P	9-7-06	$15,001 - $50,000
	IRA DFA US Core Equity Fund (rollover)	P	9-7-06	$100,001 - $250,000

SCHEDULE IV - TRANSACTIONS

Name Vernon J. Ehlers

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	IRA Dimensional Advisor Five Year Govt Portfolio (rollover)	P	9-7-06	$15,001 - $50,000
	IRA DFA Emerging Markets Core Equity Portfolio (rollover)	P	9-7-06	$15,001 - $50,000
	IRA Dimensional Advisor One Year Fixed Income Portfolio (rollover)	P	9-7-06	$15,001 - $50,000
	IRA DFA Invt Two Year Global Fixed Income Fund (rollover)	P	9-7-06	$15,001 - $50,000
	IRA Dimensional Advisor Real Estate Securities Portfolio (rollover)	P	9-7-06	$15,001 - $50,000
	IRA Dimensional Adv Global Fixed Income Portfolio (rollover)	P	9-7-06	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Vernon J. Ehlers

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Commonwealth Fund	January 12-14	Grand Rapids MI to Aventura FL and return	Y	Y	N	none
AAAS	February18 -19	Grand Rapids MI to St. Louis MO and return	Y	Y	N	none

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 4:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

5

MC

Keith M. Ellison
(Full Name)

1629 Bryant Ave. North
Minneapolis, MN 55411-3259
(Mailing Address)

202-225-4755
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: MN District: 5	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Keith Ellison	5-15-07

1225

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
1.	Private Law Practice	Legal Services (prior to taking office)	$16,798.00
2.	State of Minnesota	Mn. House of Rep. (prior ~~to taking office~~)	$33,230.00
3.	Guadelupe Alternative Programs	Spouse's employment	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Keith M. Ellison

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year

	Block A		Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X										X									P
			Simon & Schuster		Indefinite																Royalties									X				
			1st Bank of Paducah, KY accounts					X									X										X							
	Hartford Advisors Fund-A			X												X					Reinvested		X											None
	Hartford Dividend and Growth Fund-A			X												X					Reinvested		X											None
	Hartford Int'l Opp Fund-A				X											X					Reinvested			X										S
	Htfd Mid Cap Value Fund-A			X												X					Reinvested		X											None
	Htfd Small Comp Fund-A			X												X					Reinvested		X											None
	Htfd Stock Fund-A				X											X					Reinvested			X										P, S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Keith M. Ellison

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Hartford US Govt Securities	B X	NONE X; Other Type of Income: Reinvested	I X	None

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SCHEDULE IV — TRANSACTIONS

Name Keith M. Ellison

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
	Hartford Int'l Opportunity Fund-A		X		5-17-06 8-2-06	X									
	Hartford Stock Fund-A	X			Monthly	X									
	Hartford Stock Fund-A		X		5-17-06 8-2-06	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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LEGISLATIVE RESOURCE CENTER
2007 MAY -7 PM 4:22
MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

John Bradley "Brad" Ellsworth
(Full Name)

8510 Broadway Avenue
(Mailing Address)

Evansville, IN 47712-9169

Daytime Telephone (812) 306-5587

Filer Status	[X] Member of the U.S. House of Representatives — State: Indiana District: 8	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	John Bradley Ellsworth	5-5-07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Vanderburgh County Indiana	Member Salary	$118,390
	Charles E. Kendall, Jr. DDS	Spouse Salary	NA
	Anthony Klein, DDS, LLC	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name "Brad" John Bradley Ellsworth | Page 2 of 6

BLOCK A — Asset and/or Income Source

Identity (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	C NONE	C DIVIDENDS	C RENT	C INTEREST	C CAPITAL GAINS	C EXCEPTED/BLIND TRUST	C Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	D I None	D II $1 – $200	D III $201 – $1,000	D IV $1,001 – $2,500	D V $2,501 – $5,000	D VI $5,001 – $15,000	D VII $15,001 – $50,000	D VIII $50,001 – $100,000	D IX $100,001 – $1,000,000	D X $1,000,001 – $5,000,000	D XI Over $5,000,000	E Transaction P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
JT	Fidelity Growth + Income Fund				X										X			X							X							
	Fidelity Asset Manager Growth Trad IRA Fund				X										X								X									E
SP	Fidelity Asset Manager Growth Trad IRA Fund				X										X								X									E
SP	Fidelity Contrafund Trad IRA			X											X			X					X									E
SP	Fidelity Blue Chip Growth Fund Trad IRA			X											X								X									E
SP/DC	Fidelity Growth + Income Fund UTMA			X											X			X					X									E

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John "Brad" Bradley Elksworth

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Aim Constellation Fund C1B Simple IRA				X																	NA										E
JT	First Federal Savings Bank Accounts			X													X					X										
SP/DC	Old National Bank			X													X					X										
	Centurion FCU			X													X					X										
JT	Evansville Teachers FCU Accounts		X											X							X										
SP	Capital Guardian Trust Co Income + Value Annuity				X									X							X										
SP	Aim Constellation Fund C1A Roth IRA			X																	NA										
JT	Hilliard Lyons Cash Money Market Fund		X												X							X										S
SP	Investment Company America Roth IRA			X											X			X					X									
	Aim Constellation Fund Roth IRA		X											X							X										E
JT	Alcatel - Lucent ADR		X											X							X										S
JT	Citigroup Inc.			X											X								X									
JT	Eli Lilly + Company			X											X							X										S
JT	BP PLC Spons ADR			X											X								X									
	Fidelity Contrafund 457(b)				X									NA							NA											
	Fidelity Equity Income Fund 457(b)			X										NA							NA											
	Investment Co. of America 457(b)				X									NA							NA											
	Jpm Midcap Value Fund 457(b)				X									NA							NA											
	Gartmore Nationwide Fund 457(b)		X											NA							NA											
	Ner Ber Genesis Fund 457(b)				X									NA							NA											
	Gartmore Int'l Index Fund 457(b)				X									NA							NA											
	Gartmore Midcap Mkt. Fund 457(b)				X									NA							NA											

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John "Brad" Bradley Ellsworth

BLOCK A Asset and or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
	A None, B $1 – $1,000, C $1,001 – $15,000, D $15,001 – $50,000, E $50,001 – $100,000, F $100,001 – $250,000, G $250,001 – $500,000, H $500,001 – $1,000,000, I $1,000,001 – $5,000,000, J $5,000,001 – $25,000,000, K $25,000,001 – $50,000,000, L Over $50,000,000	NONE, DIVIDENDS, RENT, INTEREST, CAPITAL GAINS, EXCEPTED/BLIND TRUST, Other Type of Income (Specify)	I None, II $1 – $200, III $201 – $1,000, IV $1,001 – $2,500, V $2,501 – $5,000, VI $5,001 – $15,000, VII $15,001 – $50,000, VIII $50,001 – $100,000, IX $100,001 – $1,000,000, X $1,000,001 – $5,000,000, XI Over $5,000,000	P, S, E
Putnam Voyager Fund Class A 457(b)	C: X	NA	NA	

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SCHEDULE IV — TRANSACTIONS

Name John Bradley Ellsworth

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
SP	Fidelity Asset Manager Growth Fund Trad IRA			X	12-29-06		X								
SP	Fidelity Contrafund Trad IRA			X	12-29-06	X									
SP	Fidelity Blue Chip Growth Fund Trad IRA			X	12-29-06	X									
SP/JT	Fidelity Growth + Income Fund UTMA			X	12-29-06	X									
SP	Aim Constellation Fund Simple IRA			X	12-15-06		X								
	Aim Constellation Fund Roth IRA			X	12-21-06	X									
	Fidelity Asset Manager Growth Fund Trad IRA			X	12-29-06		X								
JT	Hilliard Lyons Government Fund		X		12-15-06	X									
JT	Eli Lilly and Company		X		12-28-06	X									
JT	Alcatel-Lucent ADR		X		12-28-06	Less than $1,000									

All reflect IRA rollovers or an exchange due to transfer of assets to a different account management company

This page may be copied if more space is required.

Name John "Brad" Bradley Ellsworth | Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Youth First
President	Community Corrections Advisory Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

2007 MAY 15 PM 5:24

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U.S. HOUSE OF REPRESENTATIVES

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MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Rahm I Emanuel
(Full Name)

4228 North Hermitage Avenue Chicago, IL 60613
(Mailing Address)

773-267-5926
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: IL District: 5	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑ No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5-15-07

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Rahm I Emanuel

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Maher Live, Inc.	guest panelist	April 21, 2006	$800 (donated to Chicago Food Depository)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rahm I Emanuel

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Qualified Blind Trust	$5,000,001 - $25,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$100,001 - $1,000,000	
DC	Qualified Blind Trust	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$50,001 - $100,000	
DC	Qualified Blind Trust	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$50,001 - $100,000	
DC	Qualified Blind Trust	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$50,001 - $100,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rahm I Emanuel

	Good Hope Limited Partnership (holds commercial real estate located at 7830 W Goodhope Rd., Milwaukee, WI)	$15,001 - $50,000	RENT	$2,501 - $5,000	1
	Advisory Research Small Mid Cap Value Equity Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago; Invests in widely diversified small cap equity holdings)	$500,001 - $1,000,000	DIVIDENDS/CAPITAL GAINS	$100,001 - $1,000,000	1
	Advisory Research Large Cap Equity Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago: Invests in widely diversified large cap equity holdings)	$250,001 - $500,000	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	1
	S & P 500 Index Equally Weighted Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago; Invests equal amounts in each of S&P 500 equities)	$500,001 - $1,000,000	DIVIDENDS/CAPITAL GAINS	$50,001 - $100,000	1
	Chilton New Era Partners, LP (1266 E Main St., Stanford, Ct; Invests in widely diversified S&P 500 equities)	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$50,001 - $100,000	1
	LaSalle Bank Trustee, Managed IRA (Not self directed)	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$15,001 - $50,000	
	Loan Receivable--Friends of Rahm Emanuel for Congress	$250,001 - $500,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rahm I Emanuel

	Vision Optical Partners, LLC (CBIZ Accounting & Tax Advisory Svcs, 1 S Wacker Dr, #1800, Chicago, Il; Invests in widely diversified debt and equity holdings)	$1,001 - $15,000	CAPITAL GAINS/INTERES T	$1 - $200	1
SP	Bear Stearns MMA	None	DIVIDENDS	$1 - $200	E
SP	Bear Stearns MMA-IRA	None	DIVIDENDS	$1 - $200	
SP	Wal Mart Stores, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Unumprovident Corp Senior Notes--IRA	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Health Management Associates--IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	LaSalle Bank	$1,001 - $15,000	INTEREST	NONE	
SP	S F Investments--MMA	$1,001 - $15,000	INTEREST	$1 - $200	E
SP	SF Investments-MMA--IRA	$1 - $1,000	INTEREST	$1 - $200	
SP	Comcast Corp--IRA	$1,001 - $15,000		NONE	P
SP	Gentex Corp--IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
JT	LaSalle Bank	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Rahm I Emanuel

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	S F Investments--MMA	E	8/31/06	$1,001 - $15,000
SP	Comcast Corp--IRA	P	8/28/06	$1,001 - $15,000
SP	Gentex Corp--IRA	P	7/24/06	$1,001 - $15,000
SP	Bear Stearns MMA (transferred to SF Investments)	E	8/31/06	$1,001 - $15,000

SCHEDULE VIII - POSITIONS

Name Rahm I Emanuel

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Rahm Emanuel & Amy Rule Charitable Trust

SCHEDULE IX - AGREEMENTS

Name Rahm I Emanuel

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
March 10, 2006	Rahm Emanuel and Bruce Reed--co authors and Public Affairs, LLC--publisher	copyright royalties based on a percentage of sales of book--"The Plan-Big Ideas for America" (All royalites to be donated to charity--no royalties received in 2006)
October 4, 2005	Rahm Emanuel and Bruce Reed--co authors and Janklow & Nesbit Associates--Literary Agents	compensation of 15% of gross proceeds from all royalites and other consideration received from above book--"The Plan-Big Ideas for America"

FOOTNOTES

Name Rahm I Emanuel

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	All items with a "1" reference in block E are held by LaSalle Bank in a non-qualified blind trust	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Jo Ann Emerson
(Full Name)

1637 Themis Street Cape Girardeau, MO 63701
(Mailing Address)

202-225-4404
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: MO District: 8	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

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PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
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III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
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Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Jo Ann Emerson	5/15/07

1246

SCHEDULE I - EARNED INCOME

Name Jo Ann Emerson

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Bartley Goffstein, LLC	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Emerson

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	Lucent Technologies, SEP	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
JT	Avaya	$1 - $1,000	DIVIDENDS	NONE	S
SP	7720 Building Corp. (Law Firm Building) 4399 Laclede St. Louis, MO 63108	$100,001 - $250,000	None	NONE	
SP	Bank of Salem SEP	$50,001 - $100,000	None	NONE	
SP	Bartley Goffstein, LLC (1/6 partner) 4399 Laclede St. Louis, MO 63108	$250,001 - $500,000	Other: Partnership Value	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Emerson

SP	Pershing Money Market Fund	$1,001 - $15,000	INTEREST	$1 - $200	
SP	First Commercial Bank of Southeast Missouri (CD)	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Business Bank of St. Louis SEP	$100,001 - $250,000	None	NONE	
SP	Marsh & McClennan	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Great Plains Energy	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
SP	Chile Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS
SP	Masisa Fund	$1,001 - $15,000	None	NONE	PS
SP	Fosters Brewery	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Sirius Communications	$1,001 - $15,000	None	NONE	
SP	Canadian Natural Resources	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Talisman Energy	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Home Depot	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE IV - TRANSACTIONS

Name Jo Ann Emerson

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Canadian Natural Resources	P	10-06	$1,001 - $15,000
SP	Talisman Energy	P	10-06	$1,001 - $15,000
SP	Home Depot	P	7-06	$1,001 - $15,000
SP	Foster's Brewery	P	5-06	$1,001 - $15,000
JT	Lucent Technologies, SEP	S	10-06	$1,001 - $15,000
JT	Avaya	S	10-06	$1 - $100
SP	Chile Fund	P	5-06	$1,001 - $15,000
SP	Chile Fund	S	6-06	$1,001 - $15,000
SP	Masisa Fund	P	5-06	$1,001 - $15,000
SP	Masisa Fund	S	6-06	$1,001 - $15,000
SP	Great Plains Energy	P	7-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Jo Ann Emerson

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
SP	Bank of Salem	Line of Credit	$50,001 - $100,000
SP	Enterprise Bank, St. Louis, MO	Mortgage on office building (16.67%)	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jo Ann Emerson

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The John E. Fetzer Institute, Inc.	Jan. 20-22	DC-Santa Barbara, CA-DC	Y	Y	Y	2 days

SCHEDULE VIII - POSITIONS

Name Jo Ann Emerson

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Honorary and Lifetime Trustee	Westminster College, Fulton, MO
Co-Chair, Board of Directors	Congressional Hunger Center
Co-Chair	America's Trust
Advisory Board	Rock and Wrap it Up

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Eliot L. Engel
(Full Name)

2161 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-2464
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: NY — District: 17 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Eliot L. Engel	5-11-07

SCHEDULE I - EARNED INCOME

Name Eliot L. Engel

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Issue Dynamic Inc	Spouse Salary	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eliot L. Engel

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Congressional Federal Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
Israeli Bonds	$1,001 - $15,000	INTEREST	$1 - $200	
State of New York	$1,001 - $15,000	Other: Retirement Pension	NONE	
US Bonds	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE V - LIABILITIES

Name Eliot L. Engel

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Congressional Federal Credit Union	Credit Card	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Eliot L. Eng l

Identify the source and list travel itinerary, dates, and nature f expenses provided for travel and travel-related expenses t taling more than $305 received by you, your sp use, or a dependent child during th reporting period. Indicate wheth r a family member accompanied the travel r at the spon r's expen e, and the amount f time, if any, that was n t at th sp nsor's expense. Disclosure is required regardless of whether the exp nses were reimbursed or paid directly by th sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse r dep ndent child that is totally independent of his or her relationship to you.

S urce	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days n t at sponsor's expense
Schustermann Family Foundation	August 14-15	NY-Louisville KY-NY	Y	Y	N	n/a

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 1:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED (5)
(Office Use Only)

Philip S. English
(Full Name)
2332 Rayburn HOB Washington DC 20515
(Mailing Address)
Daytime Telephone: 202 225 5476

Filer Status	[X] Member of the U.S. House of Representatives — State PA District 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	N [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	N [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Philip S. English	5/15/07

Name Philip S English | Page 2 of 5

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	The American Burn Association	Speech	2/1/06	$2,000

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Name Philip J English | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spous , or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Valu of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Incom

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X										X								P
	DC Simon & Schuster			Indefinite																Royalties									X			
	JT 1st Bank of Paducah, KY accounts						X									X									X							
JT	Merrill Lynch Cash Money Market Fund			X											X								X									
JT	Merrill Lynch Cash Money Fund				X										X								X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Philip S English

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Typ of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Merrill Lynch IRA																															
*	Bank Deposit			X											X								(NA - IRA)									
*	Certificate of Deposit			X													X						(NA - IRA)									
*	Merrill Lynch Global Fund				X										X			X					(NA - IRA)									
*	American Funds Capital Income Builder				X										X			X					(NA - IRA)									
*	ING Principal Protection Fund			X											X			X					(NA - IRA)									
*	ML Basic Value Fund			X											X			X					(NA - IRA)									
*	ML Fundamental Growth			X											X			X					(NA - IRA)									
*	All seven of these entries are within the spouse IRA																															
	Phil English Blind Trust The Philadelphia Trust Co, Trustee						X								X		X	X	X					X								

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Name Philip S. English | Page 5 , 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclud : Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	PA Community Bankers Association	Sept 7-9 '06	Washington DC San Francisco CA - Washington	Y	N	N	none
	Japan U.S. Friendship Commission	Nov 26 - Dec 1 '06	Erie, PA - Seoul, South Korea - Washington DC	Y	N	N	none

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

(9)

2007 MAY -8 PM 4:34

MC

(Office Use Only)

Anna Georges Eshoo
(Full Name)

120 Forest Lane - Menlo Park, CA 94025 (650) 323-2984
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: California District: 14th CD	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files mor than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If y s, complet and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, c mplet and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, mplete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complet and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all thr e tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY *that the statements I have made on this form* and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Anna Georges Eshoo	7 May 2007

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of San Mateo, California	Legislative Pension San Mateo County Board of Supervisors	$ 9,890 00

For payments to charity in lieu of honoraria, use Schedule II.

Name Anna Georges Eshoo | Page 2 of 8

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	-NONE-			

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Name Anna Georges Eshoo | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting p riod, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.
If you use a valuation method other than fair market value, *please specify the method used.*
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount f Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box *below. Dividends,* even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP, DC, JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount f Income	Transaction
SP	Mega Corp. Stock	$50,001 – $100,000	DIVIDENDS	$1,001 – $2,500	P
DC	Simon & Schuster	Indefinite	Other Type of Income (Specify: For Example, Partnership Income or Farm Income): Royalties	$50,001 – $100,000	
JT	1st Bank of Paducah, KY accounts	$100,001 – $250,000	INTEREST	$5,001 – $15,000	
	Hartford Group/Deferred Comp Plan	$100,001 – $250,000	Deferred Comp Plan	$1 – $200	n/a
	County of San Mateo/Retirement	$15,001 – $50,000	Retirement Plan	$5,001 – $15,000	n/a
	~~USA~~ Painewebber/IRA				
	Templeton Dragon Fund	$15,001 – $50,000	DIVIDENDS	$1 – $200	n/a
	Pace Intl. Equity Fund	$15,001 – $50,000	DIVIDENDS	$1 – $200	n/a

For additi nal assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Amz Georges Eshoo

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
	Wells Fargo Bank				
	WF Portfolio Mgmt. Account				
	Vanguard Money Market	C: $1,001 – $15,000	INTEREST	II: $1 – $200	P
	John Hancock Pref. Income	G: $250,001 – $500,000	DIVIDENDS	VI: $5,001 – $15,000	
	Nuveen Pref + Convertible Income	G: $250,001 – $500,000	DIVIDENDS	VII: $15,001 – $50,000	
	Blackrock Preferred Income	G: $250,001 – $500,000	DIVIDENDS	VII: $15,001 – $50,000	P
	First Republic Bank checking acct	C: $1,001 – $15,000	INTEREST	II: $1 – $200	n/a
	Wells Fargo/checking acct	D: $15,001 – $50,000	INTEREST	IV: $1,001 – $2,500	n/a
	Congressional Federal Credit Union – checking account	C: $1,001 – $15,000	INTEREST	II: $1 – $200	n/a

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SCHEDULE IV — TRANSACTIONS

Nam Anna Georges Eshoo | Page 5 of 8

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
	Vanguard Money Market (transferred from John Hancock Preferred Income Acct)			X	12/19/06		X								
	Nuveen Quality Preferred Income Fund (transferred to Wells Fargo Checking Acct)				2/14/06 3/7/06 4/13/06						X				
	Pimco Corp. Opportunity (transferred to Wells Fargo Checking Acct)				4/12/06					X					
	Blackrock Preferred Income	X			8/11/06					X					

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Name Anna Georges Eshoo | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (*unless it is rented out*); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	n/a											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
-NONE-		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the *Foreign Gifts and Decorations Act* (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	-NONE-						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclud : Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
-NONE-	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Dat	Parties To	Terms of Agreement
	-NONE-	

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Bob Etheridge
(Full Name)

1106 Mamers-Summersville Road Lillington, NC 27548
(Mailing Address)

202-225-4531
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representatives — State: NC District: 02 — ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 day late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ N ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Ex mptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I hav made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5/15/07

SCHEDULE I - EARNED INCOME

Name Bob Etheridge

List th sourc , type, and amount f arned income from any source (oth r than the filer's current employment by th U.S. Gov rnm nt) totaling $200 r m re during th preceding calendar year. For a p us , list the s urce and am unt f any h norarla; list only the source f r th r spous arn d inc m exc ding $1,000.

Source	Type	Amount
State of North Carolina	State/Legislative Pension	$11,000
Harnett Board of Education	Spouse Salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridg

BLOCK A **Asset and/or Incom Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that xceeds the reporting threshold and the income earned for the account. F r an IRA or retirement plan that is not self-directed, name the institution h lding the account and provide its value at the end of the reporting peri d. For an active business that is not publicly traded, in Block A tate the nature of the business and its geographic location. F r additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt wed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Governm nt retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the ptional column on the far left.		BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Typ of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Inc me** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	1108 Mamers-Summerville Rd., Lillington, NC	$15,001 - $50,000	RENT	$2,501 - $5,000	
JT	Alliance Capital Management Holding	None	None	NONE	S
JT	American Opportunities	None	None	NONE	S
JT	Coca Cola	$1,001 - $15,000	None	NONE	
JT	Cornerstone Bank	$1,001 - $15,000	None	NONE	
JT	Dean Witter Money Market Trust	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridge

JT	Farm, Rt. 1, Broadway, NC	$250,001 - $500,000	RENT	$2,501 - $5,000
JT	General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200
JT	Intel Corporation	$1,001 - $15,000	DIVIDENDS	$1 - $200
SP	IRA (Dow Chemical)	$1,001 - $15,000	DIVIDENDS	NONE
	IRA (Ishares S&P Europe)	$1,001 - $15,000	DIVIDENDS	NONE
	IRA (Ishares Tust Lehman)	$1,001 - $15,000	DIVIDENDS	NONE
SP	IRA (Citizens Commonwealth)	$1,001 - $15,000	DIVIDENDS	NONE
	IRA (Coho Energy Stock)	$1 - $1,000	None	NONE
SP	IRA (Duke Energy)	$1,001 - $15,000	DIVIDENDS	NONE
	IRA (Honeywell International)	$1,001 - $15,000	None	NONE
SP	IRA (Ishares MSCIEAPE Fund)	$1,001 - $15,000	DIVIDENDS	NONE
	IRA (Morgan Stanley Dean Witter)	$1,001 - $15,000	None	NONE
	IRA (Progress Energy)	$1,001 - $15,000	None	NONE
	IRA (RBC Centura)	$1,001 - $15,000	None	NONE

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridge

JT	Microsoft	$1,001 - $15,000	None	NONE	
SP	NC State deferred compensation (401K)	None	None	NONE	
	NC State deferred compensation plan (401K)	$100,001 - $250,000	None	NONE	
SP	NC State retirement pension	None	None	NONE	
JT	New Century Bank	$15,001 - $50,000	None	NONE	
	Oppenheimer Equity Income fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Pfizer, Inc.	$1,001 - $15,000	None	NONE	
JT	RBC Centura Bank	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	New Century Bank	$15,001 - $50,000	None	NONE	P
	IRA (Amazon)	None	None	NONE	S
JT	IRA (Dupont)	None	None	NONE	S
	IRA (Nanometrics, Inc)	None	None	NONE	S
	IRA (WilliamsCo., Inc.)	None	DIVIDENDS	$1 - $200	S
JT	Cameron Intn Corp	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridge

	IRA (Bank of New York)	$1,001 - $15,000	None	NONE	P
	IRA (Ishares D&P Europe Fund)	$1,001 - $15,000	None	NONE	P
	IRA (NYSE Euronext)	$1,001 - $15,000	None	NONE	P
	IRA (Scoiabank DECD)	$1,001 - $15,000	None	NONE	P
SP	IRA (CitiGroup Inc)	$1,001 - $15,000	None	NONE	P
SP	IRA (Ishares MSCIEAFE Fund)	$1,001 - $15,000	None	NONE	P
SP	IRA (ScotiaBank DECD)	$1,001 - $15,000	None	NONE	P
JT	IRA (Conoco Phillips)	None	None	$5,001 - $15,000	S
JT	IRA (ScotiaBank DEPR)	$1,001 - $15,000	None	NONE	P
JT	IRA (Ishares MSCIEAPE Fund)	$1,001 - $15,000	None	NONE	P
JT	IRA (CITIGROUP)	$1,001 - $15,000	None	NONE	P
SP	IRA (Schulumberger Ltd)	$1,001 - $15,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Bob Etheridge

Rep rt any purchas , ale or xchang by you, your spouse, or d pend nt child during the reporting year of any real property, st cks, b nds, c mmodities futures, r other s curiti s when the amount of the transaction or series of transaction exceeded $1,000. Include transactions that resulted in a loss. Do n t r port a transaction between you, your spouse, or your dependent child, or the purchase or sal of your personal residence, unl ss it is r nted ut. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	New Century Bank	P	07-02-06	$15,001 - $50,000
	IRA (Amazon)	S	10-03-06	$1,001 - $15,000
	IRA (Dupont)	S	10-03-06	$1,001 - $15,000
	IRA (Nanometrics, Inc)	S	10-03-06	$1,001 - $15,000
	IRA (WilliamsCo., Inc.)	S	10-03-06	$1,001 - $15,000
JT	McArthur Rd., Broadway, NC	P	09-08-06	$100,001 - $250,000
JT	Cameron Intn Corp	P	10-20-06	$1,001 - $15,000
	IRA (Bank of New York)	P	10-20-06	$1,001 - $15,000
	IRA (Ishares D&P Europe Fund)	P	10-20-06	$1,001 - $15,000
	IRA (NYSE Euronext)	P	10-20-06	$1,001 - $15,000
	IRA (Scotiabank DECD)	P	10-20-06	$1,001 - $15,000
SP	IRA (CitiGroup Inc)	P	10-20-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Bob Etheridge

R port any pur hase, sal r xchange by you, your sp use, or dependent child during the reporting year of any real property, stocks, b nds, commoditi s future , r th r securities when the amount of th transaction or series of transactions exceeded $1,000. Include transactions that resulted in a l ss. D n t report a transactl n between you, your spouse, r your dependent child, r the purchase or sale of your personal residence, unles it is rented ut. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	IRA (Ishares MSCIEAFE Fund)	P	10-20-06	$1,001 - $15,000
SP	IRA (ScotiaBank DECD)	P	10-20-06	$1,001 - $15,000
JT	IRA (Conoco Phillips)	S	10-03-06	$1,001 - $15,000
JT	IRA (Dupont)	S	10-03-06	$1,001 - $15,000
JT	IRA (ScotiaBank DEPR)	P	10-20-06	$1,001 - $15,000
JT	IRA (Ishares MSCIEAPE Fund)	P	10-20-06	$1,001 - $15,000
JT	IRA (CITIGROUP)	P	10-20-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Bob Etheridge

Report liabiliti s of v r $10,000 wed t any one creditor at any time during th reporting peri d by you, your spouse, r d pend nt child. Mark th high st am unt wed during th year. Exclude: Any mortgage on your personal residence (unless all r part of it is rented ut); loans secured by autom bil s, hous h ld furnitur , or applianc s; and liabiliti s owed to a spouse, or th child, parent, or sibling of you or your spouse. Report "r v lving charge accounts" (i.e., credit cards) only if th balanc at th close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Farm Credit	Mortgage on McArthur Road, Broadway, NC	$100,001 - $250,000

SCHEDULE VIII - POSITIONS

Name Bob Etheridge

Report all position , compensated r unc mpensat d, held during th current cal ndar year as an offic r, direct r, trustee f an organization, partner, pr pri tor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit rganization, any labor rganization, or any educational or oth r institution th r than the United States. Exclude: Positions held in any r ligious, ocial, frat rnal, r political ntities; positions solely f an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board	Ochoneeche Boy Scout Council

BOB ETHERIDGE
2D DISTRICT, NORTH CAROLINA

COMMITTEE ON AGRICULTURE
SUBCOMMITTEES:
GENERAL FARM COMMODITIES AND RISK MANAGEMENT, CHAIRMAN
HORTICULTURE AND ORGANIC AGRICULTURE

COMMITTEE ON HOMELAND SECURITY
SUBCOMMITTEES:
EMERGENCY COMMUNICATIONS, PREPAREDNESS AND RESPONSE
EMERGING THREATS, CYBERSECURITY, SCIENCE AND TECHNOLOGY

COMMITTEE ON THE BUDGET

SENIOR WHIP

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(202) 225-4531

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1 (888) 262-6202

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509 NORTH 1ST STREET
LILLINGTON, NC 27546
(910) 814-0335
1 (866) 364-3743

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Congress of the United States
House of Representatives
Washington, DC 20515

May 17, 2007

The Honorable Stephanie Tubbs Jones
Chairwoman
Committee on Standards of Official Conduct
U.S. House of Representatives
Washington, D.C. 20515

MC

Dear Congresswoman Jones:

I am writing to amend my Financial Disclosure Statements for years 2005 and 2006 as filed with the Clerk of the House.

Schedule IV of my 2005 Financial Disclosure form should have listed jointly held American Opportunities stock as sold on 12-29-2004 for an amount between $1,001-$15,000. Consequently, it should not have been listed on Schedule III of my 2006 Financial Disclosure form.

I would also like to amend Schedule IV of my 2006 Financial Disclosure form to include as sold a jointly held stock, Alliance Capital Management Holding Co., on 10-05-2005 for an amount between $1,001-15,000; and to include as purchased by my spouse, Schlumberger Ltd stock in her IRA on 10-05-2005 for an amount between $1,001- $15,000. This Schlumberger Ltd. stock should also be listed as an asset on Schedule III.

I regret that these omissions occurred on my previous disclosures. Should you require any further information or have any questions, you may contact me or my Chief of Staff, Julie A. Dwyer at my office.

Sincerely,

Bob Etheridge
Member of Congress

MAY 17 2007

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Bob Eth ridge
(Full Name)

1106 Mamers-Summersville Road Lillington, NC 27548
(Mailing Address)

202-225-4531
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: NC — District: 02 — Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) — ~~Amendment~~ — Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ N ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalti s and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I hav made on this form and all attached schedules are true, complete and correct to the best of my knowledge and beli f.	Bob Ethridge	5/15/07

1284

SCHEDULE I - EARNED INCOME

Name Bob Etheridge

List the source, type, and am unt f arned inc me from any s urce (oth r than th filer's current employment by th U.S. Gov rnment) totaling $200 or more during the prec ding calendar year. F r a p use, list the source and amount of any honoraria; list only the sourc for other sp use earn d incom xceeding $1,000.

Source	Type	Amount
State of North Carolina	State/Legislative Pension	$11,000
Harnett Board of Education	Spouse Salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridge

BLOCK A **Asset and/ r Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Bl ck A state the nature of the business and its geographic location. F r additi nal information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Incom** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	1108 Mamers-Summerville Rd., Lillington, NC	$15,001 - $50,000	RENT	$2,501 - $5,000	
JT	Coca Cola	$1,001 - $15,000	None	NONE	
JT	Cornerstone Bank	$1,001 - $15,000	None	NONE	
JT	Dean Witter Money Market Trust	$1,001 - $15,000	None	NONE	
JT	Farm, Rt. 1, Broadway, NC	$250,001 - $500,000	RENT	$2,501 - $5,000	
JT	General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridge

JT	Intel Corporation	$1,001 - $15,000	DIVIDENDS	$1 - $200
SP	IRA (Dow Chemical)	$1,001 - $15,000	DIVIDENDS	NONE
	IRA (Ishares S&P Europe)	$1,001 - $15,000	DIVIDENDS	NONE
	IRA (Ishares Tust Lehman)	$1,001 - $15,000	DIVIDENDS	NONE
SP	IRA (Citizens Commonwealth)	$1,001 - $15,000	DIVIDENDS	NONE
	IRA (Coho Energy Stock)	$1 - $1,000	None	NONE
SP	IRA (Duke Energy)	$1,001 - $15,000	DIVIDENDS	NONE
	IRA (Honeywell International)	$1,001 - $15,000	None	NONE
SP	IRA (Ishares MSCIEAPE Fund)	$1,001 - $15,000	DIVIDENDS	NONE
	IRA (Morgan Stanley Dean Witter)	$1,001 - $15,000	None	NONE
	IRA (Progress Energy)	$1,001 - $15,000	None	NONE
	IRA (RBC Centura)	$1,001 - $15,000	None	NONE
JT	Microsoft	$1,001 - $15,000	None	NONE
SP	NC State deferred compensation (401K)	None	None	NONE

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridge

	NC State deferred compensation plan (401K)	$100,001 - $250,000	None	NONE	
SP	NC State retirement pension	None	None	NONE	
JT	New Century Bank	$15,001 - $50,000	None	NONE	
	Oppenheimer Equity Income fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Pfizer, Inc.	$1,001 - $15,000	None	NONE	
JT	RBC Centura Bank	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	New Century Bank	$15,001 - $50,000	None	NONE	P
	IRA (Amazon)	None	None	NONE	S
JT	IRA (Dupont)	None	None	NONE	S
	IRA (Nanometrics, Inc)	None	None	NONE	S
	IRA (WilliamsCo., Inc.)	None	DIVIDENDS	$1 - $200	S
JT	Cameron Intn Corp	$1,001 - $15,000	None	NONE	P
	IRA (Bank of New York)	$1,001 - $15,000	None	NONE	P
	IRA (Ishares D&P Europe Fund)	$1,001 - $15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bob Etheridge

	IRA (NYSE Euronext)	$1,001 - $15,000	None	NONE	P
	IRA (Scotiabank DECD)	$1,001 - $15,000	None	NONE	P
SP	IRA (CitiGroup Inc)	$1,001 - $15,000	None	NONE	P
SP	IRA (Ishares MSCIEAFE Fund)	$1,001 - $15,000	None	NONE	P
SP	IRA (ScotiaBank DECD)	$1,001 - $15,000	None	NONE	P
JT	IRA (Conoco Phillips)	None	None	$5,001 - $15,000	S
JT	IRA (ScotiaBank DEPR)	$1,001 - $15,000	None	NONE	P
JT	IRA (Ishares MSCIEAPE Fund)	$1,001 - $15,000	None	NONE	P
JT	IRA (CITIGROUP)	$1,001 - $15,000	None	NONE	P
SP	IRA (Schulumberger Ltd)	$1,001 - $15,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Bob Etheridge

Report any purchase, sale or exchang by you, your sp u e, r dep nd nt child during the reporting year of any real property, stocks, b nds, comm dities futures, r ther s curities when th am unt of th transaction or s ri s f transactions exceeded $1,000. Include transactions that resulted in a l ss. D not rep rt a transacti n between you, your sp use, or your dependent child, r the purchas or sale of your pers nal residence, unless it is rented out. Provid a bri f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	New Century Bank	P	07-02-06	$15,001 - $50,000
	IRA (Amazon)	S	10-03-06	$1,001 - $15,000
	IRA (Dupont)	S	10-03-06	$1,001 - $15,000
	IRA (Nanometrics, Inc)	S	10-03-06	$1,001 - $15,000
	IRA (WilliamsCo., Inc.)	S	10-03-06	$1,001 - $15,000
JT	McArthur Rd., Broadway, NC	P	09-08-06	$100,001 - $250,000
JT	Cameron Intn Corp	P	10-20-06	$1,001 - $15,000
	IRA (Bank of New York)	P	10-20-06	$1,001 - $15,000
	IRA (Ishares D&P Europe Fund)	P	10-20-06	$1,001 - $15,000
	IRA (NYSE Euronext)	P	10-20-06	$1,001 - $15,000
	IRA (Scotiabank DECD)	P	10-20-06	$1,001 - $15,000
SP	IRA (CitiGroup Inc)	P	10-20-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Bob Etheridge

R p rt any purchase, sale r xchang by you, your spouse, r depend nt child during the reporting year of any real pr perty, stocks, bonds, comm dities futures, r oth r securiti s when the am unt of th transaction r seri s f transactions exceeded $1,000. Include transactions that resulted in a loss. D n t report a transacti n betw n you, your spous , r your dep ndent child, or the purchase or sale of your personal residence, unless it is rented out. Pr vide a bri f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	IRA (Ishares MSCIEAFE Fund)	P	10-20-06	$1,001 - $15,000
SP	IRA (ScotiaBank DECD)	P	10-20-06	$1,001 - $15,000
JT	IRA (Conoco Phillips)	S	10-03-06	$1,001 - $15,000
JT	IRA (Dupont)	S	10-03-06	$1,001 - $15,000
JT	IRA (ScotiaBank DEPR)	P	10-20-06	$1,001 - $15,000
JT	IRA (Ishares MSCIEAPE Fund)	P	10-20-06	$1,001 - $15,000
JT	IRA (CITIGROUP)	P	10-20-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Bob Etheridge

R port liabilities of ov r $10,000 wed to any one credit r at any time during th reporting period by you, your pouse, r depend nt child. Mark th highest am unt wed during the year. Exclude: Any mortgag on your personal resid nce (unless all or part of it is rented out); l ans s cured by aut mobiles, hous hold furnitur , or applianc s; and liabilities owed to a spouse, r th child, parent, r sibling of you or your spouse. Report "rev iving charge acc unts" (i. ., cr dit cards) nly if the balance at the close of th preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Farm Credit	Mortgage on McArthur Road, Broadway, NC	$100,001 - $250,000

SCHEDULE VIII - POSITIONS

Name Bob Etheridge

R p rt all positions, compensated or unc mpensated, h ld during the current cal ndar year as an officer, director, trustee f an rganization, partner, proprietor, repres ntative, mployee, or consultant of any corporation, firm, partnership, or any business enterpris , any nonpr fit organization, any labor organization, or any ducati nal r ther institution oth r than th United States. Exclud : P sitions held in any religious, social, fraternal, or p litical ntities; positi ns solely of an h n rary nature; and p siti ns list d on Schedule I.

Position	Name of Organization
Advisory Board	Ochoneeche Boy Scout Council

BOB ETHERIDGE
2D DISTRICT, NORTH CAROLINA

COMMITTEE ON AGRICULTURE
SUBCOMMITTEES:
GENERAL FARM COMMODITIES AND RISK MANAGEMENT, CHAIRMAN
HORTICULTURE AND ORGANIC AGRICULTURE

COMMITTEE ON HOMELAND SECURITY
SUBCOMMITTEES:
EMERGENCY COMMUNICATIONS, PREPAREDNESS AND RESPONSE
EMERGING THREATS, CYBERSECURITY, SCIENCE AND TECHNOLOGY

COMMITTEE ON THE BUDGET

SENIOR WHIP

INSIDE MAIL

533 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4531

DISTRICT OFFICES:
SUITE 490
225 HILLSBOROUGH STREET
RALEIGH, NC 27603
(919) 829-9122
1 (888) 262-6202

P.O. BOX 1258
599 NORTH 1ST STREET
LILLINGTON, NC 27546
(910) 814-0335
1 (866) 384-3743

www.house.gov/etheridge

2007 MAY 21 AM 11:13
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC 20515

May 17, 2007

(1)

The Honorable Stephanie Tubbs Jones
Chairwoman
Committee on Standards of Official Conduct
U.S. House of Representatives
Washington, D.C. 20515

MC

Dear Congresswoman Jones:

I am writing to amend my Financial Disclosure Statements for years 2005 and 2006 as filed with the Clerk of the House.

Schedule IV of my 2005 Financial Disclosure form should have listed jointly held American Opportunities stock as sold on 12-29-2004 for an amount between $1,001-$15,000. Consequently, it should not have been listed on Schedule III of my 2006 Financial Disclosure form.

I would also like to amend Schedule IV of my 2006 Financial Disclosure form to include as sold a jointly held stock, Alliance Capital Management Holding Co., on 10-05-2005 for an amount between $1,001-15,000; and to include as purchased by my spouse, Schlumberger Ltd stock in her IRA on 10-05-2005 for an amount between $1,001- $15,000. This Schlumberger Ltd. stock should also be listed as an asset on Schedule III.

I regret that these omissions occurred on my previous disclosures. Should you require any further information or have any questions, you may contact me or my Chief of Staff, Julie A. Dwyer at my office.

Sincerely,

Bob Etheridge
Member of Congress

MAY 17 2007

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 1:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HC HAND DELIVERED (12)
(Office Use Only)

R. TERRY EVERETT
(Full Name)

2312 RAYBURN BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone: (202) 225-2901

Filer Status	[X] Member of the U.S. House of Representatives	State: AL District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Terry Everett	5/15/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives - Congressman	U.S. Representative	146,987

For paym nts to charity in lieu of honoraria, use Schedul II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
None	None		

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: R. TERRY EVERETT

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	BLOCK A		BLOCK B												BLOCK C								BLOCK D											BLOCK E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X									P
			Simon & Schuster		Indefinite																Royalties									X				
			1st Bank of Paducah, KY accounts					X									X									X								
	400 Acre Farm																																	
	Houston County, AL									X							X									X								
	On farm																				Grain & Hay	X												
	On farm																				FSA				X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

SP, DC, JT	BLOCK A Ass t and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Merrill Lynch - 16632																														
	CMA		X														X					X									
	PFL Endeavor Var. Annuity							X							X												X				
	Merrill Lynch - 52295																														
	AIM Global Science		X												X						X										S
	Merrill Lynch - 16288																														
	CMA				X												X						X								
	University of Alabama @ Birmingham Hospital				X												X							X							
	University of Alabama @ Birmingham Hospital						X										X									X	(100,000 out of 225,000)					S
	University of Alabama @ Birmingham Hospital					X											X								X						P
	Amer. Income Fund						X								X										X						
	Amer. Capital Income						X								X											X					
	Amer. Bond Fund						X								X											X					
	MLJWH Strat. Alloc. Fd.					X									X										X						P
	Fidelity Adv. Diversified						X								X								X								P
	M.F.S. International						X								X								X								P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount f Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Merrill Lynch - 24252																													
	CMA						X									X								X						
	Municipal Bonds																													
	N. Richland Hills, TX						X									X									X					
	Jefferson Co., TX						X									X									X					
	West VY City, UT						X									X									X					
	Sequin TX Indpt						X									X									X					
	Laredo TX Comm Clge						X									X									X					
	Washoe Co., Nev. Reno Sparks						X									X									X					
	Penn State Higher Ed						X									X									X					
	Little Elm TX Indpt						X									X									X					
	King Co. Wa.Swr Rev						X									X									X					
	New Waverly TX Indpt						X									X									X					
	Bellwood, IL						X									X									X					
	Birmingham, AL Wtrwks						X									X									X					
	Indianapolis IN LCL PWB						X									X									X					
	Honolulu Hi Cy Co Bd						X									X									X					
	Central Puget Sound, WA						X									X									X					
	Hobart, IN Bldg. Corp.						X									X									X					
	Bastrop, TX Indpt						X									X								X						S
																														S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

Page 7 of 12

SP. DC. IT	BLOCK A Asset and/or Inc m Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Incom: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Thrift Savings (401k)							X									X									X					
	SunSouth Bank - Investment Account						X										X								X						
	IRA (H) - SunSouth				X												X						X								
	IRA (W) - SunSouth				X												X						X								
	BankSouth - CDs	X															X						X								E
	Merrill Lynch IRA (H)					X											X								X						
	2 Notes receivable on personal residences in Coffee and Houston Co., AL					X											X								X						
	SunSouth Bank - Checking			X													X						X								
	SunSouth Bank - Checking							X									X								X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Nam R. TERRY EVERETT

Page 8 f 12

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Inc me: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Inc m: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Congressional Federal CU																															
	Checking				X												X							X								
	Savings			X													X						X									
	Money Market Account						X										X									X						
	Community Capital Bankshares				X										X								X									P

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
	University of AL @ Birmingham - Hospital		X		10/18/06		X								
	University of AL @ Birmingham - Hospital		X		01/18/06			X							
	Delta Airlines - 3,120 shares	X			10/18/06		X								
	Delta Airlines - 3,120 shares		X		12/08/06		X								
	Hobart, IN Bldg. Corp.	X			04/12/06				X						
	Bastrop, TX indpt		X		04/11/06				X						
	BankSouth (Transferred to Merrill Lynch)			X	04/06/06				X						
	Community Capital Bankshares, Inc.	X			01/06/06		X								
	Fidelity Adv. Diversified	X			01/23/06				X						
	MFS International	X			01/23/06				X						

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Name	R. TERRY EVERETT	Page 10 of 12

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Valu
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	None						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 4:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

(4)

Mary Copeland Fallin
(Full Name)

1432 Longworth Bldg
(Mailing Address)

Washington DC 20515

202-225-4995
Daytime Telephone:

Filer Status	☒ Member of the U.S. House of Representatives — State: Oklahoma District: 05	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files m re than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Y s ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	N ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answer d and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mary Fallin	5-15-07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Oklahoma	Salary	83,966

F r payments to charity in lieu of honoraria, use Schedule II.

Nam | Pag 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/ r Incom Sourc

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirem nt plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicat the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

					A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples	SP	Mega Corp Stock							X							X																	P
DC			Simon & Schuster				indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts							X									X									X						
	Columbia Acorn Fund						X											X							X									
	American Century Vista						X											X							X									
	T Rowe Price Blue Chip					X												X						X										
	Union Bank CD							X												X					X									
	Union Bank Savings						X													X				X										

F r additi nal ass ts and unearned income, use next page.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
former Chairwoman	Aerospace States Assoc.
Former Chair Board	National Lt. Governors Association
Former Board Member	Jasmine Moran Childrens Museum
Honorary Chair	Energy Advocates

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 2:18
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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Sam Farr
(Full Name)

1221 Longworth House Office Building Washington, DC 20515 (202) 225-2861
(Mailing Address) Daytime Telephone:

MC HAND DELIVERED
(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: CA District: 17	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sam Farr	5-15-07

SCHEDULE I - EARNED INCOME

Name Sam Farr

List the source, type, and amount of earned income from any sourc (oth r than the fil r's current mploym nt by th U.S. G vernment) totaling $200 or more during the preceding cal ndar year. For a spoue , list the s urce and amount of any hon rariа; list only the source for ther spouse earned incom exceeding $1,000.

Source	Type	Amount
Financial Transitions Institute	Spouse Salary	N/A
California State Retirement System	Pension Income	$16,988

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Nam Sam Farr

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transacti n** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Chevy Chase Land Company	$50,001 - $100,000	DIVIDENDS	$5,001 - $15,000	
	Devil's Flat Association	$15,001 - $50,000	None	NONE	
	Point 16, Big Sur, CA LLC Membership Interest	$500,001 - $1,000,000	RENT	$5,001 - $15,000	
	Sharlands Investment Company	$1,001 - $15,000	None	NONE	
	Columbia Channel Gold Mine	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Interest - CA State Retirement System	$15,001 - $50,000	INTEREST	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

	Sorensen's Resort Partnership Interest	$15,001 - $50,000	Other: Partnership distribution	$2,501 - $5,000	
	Tahoe Cabin	$15,001 - $50,000	RENT	$201 - $1,000	
	Lots 7,9, 10 (SE corner of Santa Lucia & Camino Real), Carmel, CA	$250,001 - $500,000	None	NONE	
	Hewlett-Packard Stock	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	S partial
	IBM Corp. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	The following stocks were acquired as a result of father's death and the dissolution of the Janet H. Farr Trust:				
	Boeing Company Stock	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	S partial
	Bristol Myers Squib Stock	None	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	S
	Chevron Texaco Corp. Stock	None	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	S
	General Electric Stock	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	S partial
	Motorola Inc. Stock	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	S partial
	Washington Mutual Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Hartford Financial Services Stock	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	S S partial

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

	Pfizer Inc. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Medco Health Solutions Inc. Stock	None	CAPITAL GAINS	$2,501 - $5,000	S
	Freescale Semiconductor Stock	None	CAPITAL GAINS	$2,501 - $5,000	S
	Vista Lobos Apartments (Interest held throught the Farr Children's Trust and the Delores Farr Trust. Filer is 50% beneficiary.)	$250,001 - $500,000	RENT	$50,001 - $100,000	
	Congressional Federal Credit Union (Savings Account)	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Congressional Federal Credit Union (IRA account)	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Intel Corp. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	S partial
	Colgate Palmolive Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Morgan Stanley Dean Witter funds as follows:				
	Morgan Stanley Strategic Fund A	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Morgan Stanley Money Market Bank Deposit Program	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Sam Farr

Report any purchase, sale or exchange by y u, y ur spouse, or dependent child during th reporting year of any real property, stocks, bonds, commodities futures, r other securities when the am unt of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Chevron Texaco Corp. Stock	S	1-24-06	$15,001 - $50,000
	Boeing Co. Stock	S	5-15-06	$1,001 - $15,000
	Bristol Myers Squibb Stock	S	5-15-06	$15,001 - $50,000
	Free Scale Semiconductor Stock	S	1-24-06	$1,001 - $15,000
	General Electric Stock	S	5-15-06	$1,001 - $15,000
	Hartford Financial Services Stock	S	5-15-06	$1,001 - $15,000
	Hewlett Packard Stock	S	5-15-06	$1,001 - $15,000
	Intel Corp. Stock	S	5-15-06	$15,001 - $50,000
	Medco Health Solutions Inc. Stock	S	5-15-06	$1,001 - $15,000
	Motorola Inc. Stock	S	5-15-06	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Nam Sam Farr

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related xpenses totaling more than $305 received by y u, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expens
Aspen Institute (Participated in conference on US and Latin American relations)	Jan. 8-13	Monterey-Punta Mita, Mexico-Monterey	Y	Y	Y	None
Aspen Institute (Participated in conference on US-China relations	Apr. 9-14	Monterey-Honolulu, HI-Monterey	Y	Y	Y	None
Humpty Dumpty Institute (Meeting with UN officials to discuss foreign affairs including Darfur and UN Budget issues)	Jun. 26	DC-New York City-DC	N	Y	N	None

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED
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HOUSE OF REPRESENTATIVES
(Office Use Only)

Chaka Fattah
(Full Name)

2301 Rayburn HOB Washington, DC 20515
(Mailing Address)

202.225.4001
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: PA District: 02 — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone wh files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ N ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriat schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Chaka Fattah	5-2-07

SCHEDULE I - EARNED INCOME

Name Chaka Fattah

List the ource, type, and amount of earned income fr m any source (oth r than the fil r's current mployment by the U.S. Governm nt) totaling $200 or m re during th preceding calendar year. For a spouse, list th source and amount of any h noraria; list only the sourc for oth r pous arn d inc me exceeding $1,000.

Source	Type	Amount
GE	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Chaka Fattah

	BLOCK A **Ass t and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Am unt of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	GE Common Stock	$100,001 - $250,000	Other: 401K	NONE	N/A
S	PA State Employee Retirement System	$50,001 - $100,000	Other: Pension reported as earned income	$2,501 - $5,000	N/A

SCHEDULE V - LIABILITIES

Name Chaka Fattah

Report liabiliti s f over $10,000 wed to any one creditor at any tim during the reporting period by you, your spouse, or d pendent child. Mark the highest amount owed during the year. Exclud : Any mortgage on your personal re id nce (unless all r part f it is r nt d out); loan secur d by automobiles, househ ld furniture, or appliances; and liabilities ow d t a sp us , r th child, parent, or lbling of you r your spous . Report "r v lving charge accounts" (i. ., cr dit cards) nly if th balance at the cl se of th preceding calendar year exceed d $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
S	Wachovia	Line of Credit	$15,001 - $50,000
S	Wright Patman Federal Cerdit Union	Line of Credit	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name Chaka Fattah

Rep rt all positions, compensated r unc mpensated, held during the current calendar year as an officer, director, trustee of an organizatl n, partner, proprietor, repres ntative, mployee, or consultant of any c rporation, firm, partnership, or any busin ss enterpri , any nonprofit organization, any lab r rganizati n, or any educational or th r Instituti n oth r than th United Stat s. Exclude: Positions held in any religious, social, fraternal, r political entiti s; positi ns solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Philadelphia Futures

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Thomas C. Feeney, III
(Full Name)

3994 Carnaby Street Orlando, FL 32765 (202)225-2706
(Mailing Address) Daytime Telephone:

(Office Use Only)

Filer Status	✔ Member of the U.S. House of Representatives	State: FL District: 24	Officer Or Employee — Employing Office:
Report Type	✔ Annual (May 15)	Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ✔	No	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ✔	No
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	No ✔	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ✔	No
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ✔	No	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ✔	No
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes	No ✔	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	No ✔
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ✔	No		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✔
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✔

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		5/15/07

SCHEDULE I - EARNED INCOME

Name Thomas C. Feeney, III

List the ource, type, and amount of earn d Incom from any source (other than th fil r's curr nt employm nt by the U.S. Governm nt) totaling $200 r more during the prec ding calendar year. F r a spouse, list the sourc and amount of any honoraria; list only the source for oth r spous earned income xceeding $1,000.

Source	Type	Amount
Space Gateway Support	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas C. Feeney, III

	BLOCK A **Asset and/or Income Sourc** Identify (a) each ass t held for investm nt r pr duction of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount f Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchang s (E) exceeding $1,000 in rep rting year.
JT	12063 Gary Birch Circle Orlando, FL	$250,001 - $500,000	RENT	$5,001 - $15,000	
JT	8600 Ridgewood Ave #2308 Cape Canaveral, FL Partnership II Rental Property	$50,001 - $100,000	None	NONE	
	Fidelity IRA Fed Exp Corp	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Fidelity IRA General Dynamics	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Fidelity IRA Lifepoint Hosps Inc	$1 - $1,000	None	NONE	
	Fidelity IRA Holding Co (NOC)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas C. Feeney, III

	Fidelity IRA Triad Hosps Inc	$1 - $1,000	None	NONE	
	Fidelity IRA Cash Reserves	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Fidelity IRA Magellan: Fidelity China Region	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Fidelity IRA Magellan: Fidelity Contrafund	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
	Fidelity IRA Magellan: Fidelity Worldwide	$15,001 - $50,000	DIVIDENDS	$5,001 - $15,000	
	Fidelity IRA Magellan: (FMAGX)	$15,001 - $50,000	DIVIDENDS	$5,001 - $15,000	
	Fidelity IRA Magellan: Fidelity Growth Company	$1 - $1,000	None	NONE	
	Fidelity IRA Magellan: Port (FDFAX)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
DC	Thomas C. Feeney, III Custodian for Thomas S. Feeney Fidelity Cash Reserves	$1 - $1,000	INTEREST	$1 - $200	
DC	Thomas C. Feeney, III Custodian for Sean P. Feeney Fidelity Cash Reserves	$1,001 - $15,000	INTEREST	$1 - $200	
SP	401(k) Plan Mid Cap Stock - Alger	$100,001 - $250,000	DIVIDENDS	$15,001 - $50,000	
SP	401(k) Plan the Growth Fund of America	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
SP	401(k) Plan Small Cap Stock - Ivy	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	401(k) Plan Euro Pacific Growth	$50,001 - $100,000	DIVIDENDS	$5,001 - $15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas C. Feeney, III

SP	401(k) Plan Alliance Bernstein Intl's Val K	$50,001 - $100,000	DIVIDENDS	$5,001 - $15,000	

SCHEDULE V - LIABILITIES

Name Thomas C. Feeney, III

Report liabiliti s of ov r $10,000 ow d to any n creditor at any time during th rep rting period by you, your sp u e, or d pendent child. Mark th highest amount owed during th year. Exclude: Any m rtgage n your personal residenc (unless all or part of it is rent d out); l ans s cured by aut mobiles, hous h ld furnitur , r appliances; and liabilities ow d t a spouse, or the child, parent, or sibling f you or your spouse. R port "r v lving charge acc unts" (i.e., credit cards) only if the balanc at the close of th preceding calendar year exce ded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Countrywide Home Loans, CA	Mortgage on 12063 Gray Birch Circle, Orlando, FL	$100,001 - $250,000
SP	Prudential Insurance Company of America, NJ	Spouse 401(k) Loan	$15,001 - $50,000

SCHEDULE VI - GIFTS

Name Thomas C. Feeney, III

Report the sourc , a brief d scription, and th valu of all gifts totaling mor than $305 receiv d by you, your sp use, or a dependent child from any source during th year. Exclude: Gifts from relatives, gifts f personal hospitality of an individual, local m als, and gifts to a spous or dep ndent child that are totally ind p ndent of his or h r relationship t you. Gifts with a value of $122 or less n ed not be added towards the $305 disc l sure threshold. Not : Th gift rule (Hous Rule 25, clause 5) prohibits acc ptance of gifts except as specifically provided in the rule.

Source	Description	Valu
People's Republic of China - National People's Congress, Chinese National Space Administration	Postage stamps & Chinese space program covers, models of Shenzhou spaceflight vehicle, book on China, hardcover book collection of coins & stamps, reproductions of Terracotta Warrior & Tsang Horse	$620

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Thomas C. Feeney, III

Id ntify the source and list trav l itinerary, dates, and nature f xp ns s provid d f r trav l and travel-related expenses totaling m re than $305 received by you, your pouse, or a depend nt child during the reporting period. Indicat wh th r a family member accompanied th trav ler at the spons r's expens , and the amount of time, if any, that was not at th spons r's expense. Disclosure is required regardl ss of wheth r th expenses w re reimbursed r paid directly by the sponsor. Exclude: Travel-related xpenses provided by federal, state, and local gov rnments, or by a foreign government r quired t b s parately rep rt d under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's exp nse
National Committee on U.S.-China Relations & The National People's Congress in the P.R.C.	Jan. 8-17	FL-Beijing,P.R.C.-Jiayuguan, P.R.C.-Shanghai, P.R.C.-Hong Kong, P.R.C.-FL	Y	Y	N	0
The Heritage Foundation - Conservative Members Retreat	Jan. 29-31	FL-Baltimore, MD-DC	Y	Y	N	0

SCHEDULE VIII - POSITIONS

Name Thomas C. Feeney, III

Report all positions, comp nsated r uncompensated, h id during the current calendar year as an offic r, director, trustee of an organization, partner, propri tor, representative, mpl yee, r consultant of any corporation, firm, partnership, or any business nterpris , any nonprofit organizati n, any lab r organization, or any ducational r other institution other than the Unit d States. Exclude: Positi ns held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed n Schedule I.

Position	Name of Organization
Board Member	Central Florida Children's Home

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HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A

For use by Members, officers, and employees

MICHAEL A. FERGUSON
(Full Name)

13 THE ARBORS AT MURRAY HILL NEW PROVIDENCE, NJ 07974
(Mailing Address)

202 225-5361
Daytime Telephone:

(Office Use Only)

Filer Status ☑ Member of the U.S. House of Representatives State: NJ District: 07 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

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If yes, complete and attach Schedule I.

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If yes, complete and attach Schedule II.

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If yes, complete and attach Schedule III.

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If yes, complete and attach Schedule VI.

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mike Ferguson	5/15/07

1332

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MICHAEL A. FERGUSON

BLOCK A **Asset and/or Incom Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Inc me** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Incom** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchas s (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	AMERICAN CAPITAL WORLD GROWTH AND INCOME FUND	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
JT	AMERICAN INC. FUND OF AMERICA	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	
JT	CALAMOS GROWTH AND INCOME FUND	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
JT	COLUMBIA MARSICO FOCUSED EQUITY	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MICHAEL A. FERGUSON

DC	DEPENDENT CHILD ACCOUNT NO. 1 (BlackRock Large Cap Core Fund; BR Int Value Fund; BR Fundamental Growth Fund; BR Basic Value Fund; BR Global Allocation Fund; BR Global Small Cap Fund; BR High Income Fund; BR National Municipal Fund)	$100,001 - $250,000	Capital Gains and Dividends	$5,001 - $15,000
DC	DEPENDENT CHILD ACCOUNT NO. 2 (BlackRock Large Cap Core Fund; BR Int Value Fund; BR Fundamental Growth Fund; BR Basic Value Fund; BR Global Allocation Fund; BR Global Small Cap Fund; BR High Income Fund; BR National Municipal Fund)	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000
DC	DEPENDENT CHILD ACCOUNT NO. 3 (BlackRock Large Cap Core Fund; BR Int Value Fund; BR Fundamental Growth Fund; BR Basic Value Fund; BR Global Allocation Fund; BR Global Small Cap Fund; BR High Income Fund; BR Nat Municipal Fund; Pimco Total Return)	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MICHAEL A. FERGUSON

DC	DEPENDENT CHILD ACCOUNT NO. 4 (BlackRock Large Cap Core Fund; BR Int Value Fund; BR Fundamental Growth Fund; BR Basic Value Fund; BR Global Allocation Fund; BR Global Small Cap Fund; BR High Income Fund; BR National Municipal Fund)	$15,001 - $50,000	Capial Gains and Dividends	$201 - $1,000
JT	JP MORGAN MID CAP VALUE	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000
SP	MERRILL LYNCH IRA (American Inc. Fund of America; American New Perspective Fund; Calamos Growth Fund; Columbia Marsico Focused Equity Fund; JP Morgan Mid Cap Value Fund)	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500
SP	MERRILL LYNCH ROTH IRA (American Inc. Fund of Anerica; American New Perspective Fund; Calamos Growth Fund; Columbia Marsico Focused Equity Fund; JP Morgan Mid Cap Value Fund)	$15,001 - $50,000	Capital Gains and Diviends	$1,001 - $2,500
	MERRILL LYNCH ROTH IRA (American Inc. Fund of Anerica; American New Perspective Fund; Calamos Growth Fund; Columbia Marsico Focused Equity Fund; JP Morgan Mid Cap Value Fund)	$1,001 - $15,000	Capital Gains and Dividencds	$1,001 - $2,500
JT	PIMCO TOTAL RETURN FUND	$50,001 - $100,000	Capital Gains and Interest	$2,501 - $5,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MICHAEL A. FERGUSON

JT	WACHOVIA CHECKING ACCOUNT	$1,001 - $15,000	Interest	$201 - $1,000
JT	WACHOVIA MONEY MARKET	$1 - $1,000	Interest	$1 - $200

SCHEDULE IV - TRANSACTIONS

Name MICHAEL A. FERGUSON

R p rt any purchase, sale or xchange by you, your spouse, or depend nt child during the reporting year of any real pr perty, stocks, bonds, comm ditie futures, or other securities wh n the amount f the transacti n or s ries of transactions xceed d $1,000. Include transactions that r sulted in a l ss. Do not report a transaction between y u, your spouse, r your dependent child, or the purchase or sal of your personal r sid nc , unless it is rented out. Provid a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
DC	DEPENDENT CHILD ACCOUNT NO. 1* (Merrill Lynch Large Cap Core Fund; ML International Value Fund; ML Fundamental Growth Fund; ML Basic Value Fund; ML Bond High Income Fund; ML Global Allocation Fund; ML Global Smallcap Fund)	P	01/20/06	$1,001 - $15,000
DC	DEPENDENT CHILD ACCOUNT NO. 2* (Merrill Lynch Lagre Cap Core Fund; ML International Vlaue Fund; ML Fundamental Growth Fund; ML Basic Value Fund; ML Bond Fund High Income; ML Global Allocation Fund; ML Global Smallcap Fund)	P	01/20/06	$1,001 - $15,000
DC	DEPENDENT CHILD ACCOUNT NO. 3* (Merrill Lynch Fundamental Growth Fund; ML Basic Value Fund)	P	01/17/06	$1,001 - $15,000
DC	DEPENDENT CHILD ACCOUNT NO. 3* (Merrill Lynch Large Cap Core Fund; ML International Value Fund; ML Fundamental Growth Fund; ML Bond Fund High Income; ML Municipal Bond Fund; ML Global Allocation Fund)	P	01/20/06	$15,001 - $50,000
DC	DEPENDENT CHILD ACCOUNT NO. 4* (Merrill Lynch Bond Fund High Income; ML Municpal Bond Fund; ML Global Smallcap Fund; ML Basic Value Fund; ML Global Allocation Fund; ML International Value Fund; ML Fundamental Growth Fund)	P	01/20/06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name MICHAEL A FERGUSON

Report any purchas , sale or exchang by you, your spouse, or d pendent child during the r porting year of any real property, stocks, b nds, comm dities futures, or oth r s curities when th amount of the transacti n or series of transacti ns exc ded $1,000. Includ transactions that r sulted in a l ss. D n t report a transaction b tween y u, your spouse, or y ur dependent child, or the purchase or sale of your personal residenc , unless it is rent d out. Pr vide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	* Note: Effective October 2006, after these transactions, the above Merrill Lynch funds were rebranded BlackRock, thus BlackRock-named funds appear in Schedule III.			

SCHEDULE VIII - POSITIONS

Name MICHAEL A. FERGUSON

Report all positi ns, c mpensated r uncompensated, held during th current cal ndar year as an offic r, director, trustee of an organizati n, partner, pr prietor, repres ntative, employee, or consultant of any c rporation, firm, partnership, or any business enterpris , any nonpr fit rganization, any labor rganization, r any educational or oth r instituti n other than the Unit d States. Exclude: Positions held in any religious, s cial, fraternal, r political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Roberta and Thomas Ferguson Family Foundation

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

2007 MAY 1 AM 9:29

MC (Office Use Only)

BOB FILNER (Full Name)
2428 RAYBURN HOUSE OFFICE BLDG (Mailing Address)
WASHINGTON, DC 20515 Daytime Telephone 225-7933

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 51	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who fil s m re than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	N [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and th appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	N [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bob Filner	5/1/07

1340

Name BOB FILNER Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	*Approved Teaching Fee*	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SELF-EMPLOYED CONSULTANT	SPOUSE SALARY	NA
	PUBLIC EMPLOYEES RETIREMENT SYSTEM	PENSION	$12,762

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BOB FILNER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Incom

For retirement plans or accounts that *do not allow you to choose specific investments*, you may write "NA" for income. For all other assets, indicat the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year

	BLOCK A			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock						X							X										X								P
			Simon & Schuster		Indefinite																	Royalties									X			
			1st Bank of Paducah, KY accounts						X									X										X						
	GUARDIAN MUTUAL FUND (NEU BERGER + BERMAN)						X										X			X						X								

For additional assets and unearn d income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	GREAT AMER INS TSA #1			X													X						X										
	OCTOS, INC.		X											X							X												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER Page 5 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Valu of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	BANK of AMERICA (checking)		X														X					X										
	CONGRESSIONAL FCU				X												X					X										
	GREAT AMER. INS. TSA #2			X													X								X							
	FRESNO SCHOOL DIST. BOND				X												X							X								
	RESERVE MONEY FUND (checking)			X										X							X											
	G.E. LIFE COMMONWEALTH AND						X							X							X											
	ROBLA, CA SCHOOL DIST BOND				X												X							X								
	FRESNO CA SWM BOND				X												X							X								
	LONG BEACH CA BOND				X												X						X									
	CALIF. HFFA BOND				X												X							X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

Page 6 of 7

SP, DC, JT	BLOCK A Asset and/or Incom Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Incom: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	FRANKLIN FLEX. CAP GWTH				X									X							X											S (partial)
	FRANKLIN FED TAX FREE				X										X									X								S (partial)
	EATON VANCE INVT. TR.				X										X									X								
	FRANKLIN TAX FREE TR.				X										X								X									
IRA-RESIDUAL	COLOMBIA FUNDS SEL. TR.				X									X							X											
	PIMCO FDS. PAC. INVT.				X												X						X									
	ALLIANCE BERNSTEIN MON. FD		X												X							X										
IRA-FIX	SUN AMERICA CASH TR. ACCT				X												X	X					X									P (partial)
	AMERICAN NATL. INS. TSA						X										X							X								

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SCHEDULE IV — TRANSACTIONS

Name BOB FILNER | Page 7 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-06		X								
	FRANKLIN FLEX CAP. GROWTH		X		9-7-06	X									
	FRANKLIN FED. TAX FREE		X		4-11-06	X									
	FRANKLIN FED TAX FREE		X		4-17-06	X									
	SUN AMERICA CASH TRUST ACCT	X			4-11-06	X									

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LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Jeffry Lane Flake
(Full Name)

4222 E. McLellan, 19 Mesa, AZ 85205
(Mailing Address)

202.225.2635
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives State: AZ District: 06 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ N ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriat schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that th statements I have made on this form and all attached schedul s are true, complete and correct to th best of my knowledge and belief.	J. Flake	5-14-07

SCHEDULE I - EARNED INCOME

Name Jeffry Lane Flake

List the source, type, and amount f earn d Inc me from any sourc (th r then th fil r's current employment by th U.S. Gov rnm nt) t taling $200 or more during the preceding cal ndar year. F r a sp use, list the source and amount of any h noraria; list only the source f r ther spous earned income xc eding $1,000.

Source	Type	Amount
Jeff Flake for Congress	Spouse Salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jeffry Lane Flake

	BLOCK A **Ass t and/ r Incom Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Typ f Incom** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Inc m** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	AmeriTrade Money Market 2006	$1 - $1,000	None	NONE	
JT	Apollo Group	None	None	NONE	S
JT	Apple Computer	$50,001 - $100,000	None	NONE	S
JT	Equitable Mutual Fund Alliance Common Stock	$15,001 - $50,000	Retirement	NONE	
JT	Equitable Mutual Fund AXA Premier VIP	$1,001 - $15,000	Retirement	NONE	
JT	Intel Corporation	None	DIVIDENDS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jeffry Lane Flake

JT	Rental Townhome 326 West 4620 North Provo, Utah 84604	$250,001 - $500,000	RENT	$5,001 - $15,000	P
JT	Research In Motion	$1,001 - $15,000	None/CAPITAL GAINS	$5,001 - $15,000	PS
JT	Spec Home 1300 E. 3200 N. #18 Lehi, Utah	$250,001 - $500,000	None	NONE	P

SCHEDULE IV - TRANSACTIONS

Name Jeffry Lane Flake

Report any purchase, sale or exchang by you, your spouse, r dep ndent child during the reporting year of any real property, st cks, b nd , commodities futures, r oth r securities wh n the amount of the transaction or seri e of transactions exceed d $1,000. Includ transacti ns that result d in a loss. Do n t report a transaction between you, your sp use, or your d p ndent child, or the purchas or sal of your personal re id nce, unless it is r nted out. Provid a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transacti n
JT	Apollo Group, Inc.	S	11-30-06	$1,001 - $15,000
JT	Research In Motion	PS	1-10-06 (P) 4-3-06 (S)	$15,001 - $50,000
JT	Intel Corporation	S	11-30-06	$15,001 - $50,000
JT	Apple Computer	S	11-30-06	$1,001 - $15,000
JT	Rental Townhome 326 West 4620 North Provo, Utah 84604	P	4-15-06	$250,001 - $500,000
JT	Spec Home 1300 E. 3200 N. #18 Lehi, Utah	P	12-10-06	$250,001 - $500,000

SCHEDULE V - LIABILITIES

Name Jeffry Lane Flake

Rep rt liabilities of ov r $10,000 wed to any ne creditor at any tim during the reporting period by y u, your spouse, or d pend nt child. Mark the highest amount owed during th y ar. Exclude: Any mortgage n your personal residenc (unless all or part f it is rented out); loans ecured by automobil s, household furniture, or applianc s; and liabilities ow d to a spous , or th child, parent, or sibling of you r your p use. R port "revolving charge accounts" (i.e., credit cards) nly if th balance at the close of th prec ding cal ndar y ar xceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Wells Fargo	Mortgage on 326 West 4620 North, Provo, Utah	$250,001 - $500,000
JT	Netbank	Mortgage on 1300 E. 3200 N. #18 Lehi, Utah	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jeffry Lane Flake

Identify the source and list travel itin rary, dates, and nature of xpens s provided for travel and trav l-related expenses totaling m re than $305 rec ived by y u, y ur spouse, r a d pend nt child during the reporting period. Indicate whether a family memb r accompanied the travel r at the sponsor's expense, and th amount of tim , if any, that was not at the sponsor's expens . Disclosure is required regardless of whether the exp ns s were reimburs d r paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign g v mment required to b s parately rep rted und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expens
Heritage Foundation	Jan. 30-31	PHX-Baltimore-DC	Y	Y	N	None
Club For Growth	Feb. 17-18	DC-Ft.Lauderdale-PHX	Y	Y	N	None
Harvard University's Institute of Politics (JFK School of Government)	Nov. 28-29	PHX-Boston-PHX	Y	Y	Y	None

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

James Randy Forbes, Sr. (Full Name)

408 Parker Road (Mailing Address)

Chesapeake, Virginia

202-225-6365 Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: Virginia District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J Randy Forbes	06-12-07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Kaufman & Canales, P.C.	Spouse Salary	NA
	Virginia Consultants, LLC	Spouse Salary	NA
	Gateway Bank	Spouse director fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James Randy Forbes | Page 4. 1.7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Inc me

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	Block D: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X										X					X			P
			Simon & Schuster		Indefinite																Royalties												
			1st Bank of Paducah, KY accounts					X										X									X						
JT	524 Johnstown Rd. Ches. Va. (office Bldg.) (Assessed value (1,028,900)										X						X												X				
JT	1391 Duck Rd Dare Co. N.C.																																

For additional assets and unearned income, use n xt page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Randy Forbes

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
	(Residential Home)	G	RENT	VI	
	(Assessed Value $466,980.00)				
	Vacant lot, Dare Co. N.C.	F	NONE	I	
	(Assessed value $165,100)				
SP	Kaufman + Canales, P.C.	C	INTEREST	III	
	(Retirement Acct)				
	Towne Bank Acct	C	INTEREST	II	
SP	Bank of America Acct	D	INTEREST	III	
* SP	Stock ownership	C	NONE	Other Type of Income: NA; I	
	Virginia Consultants,				
	LLC) Consulting business				
	Virginia Retirement Syst	D	INTEREST	III	
	Bank of America Acct	D	INTEREST	III	
SP	Gateway Bank Acct	C	INTEREST	III	
	Kaufman + Canales, P.C.	C	INTEREST	III	
	(Retirement Acct)				

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* All income reported as earned income in schedule I

SCHEDULE IV — TRANSACTIONS

Nam James Randy Forbes | Page 6 19

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Typ of Transaction			Date	Amount of Transaction										
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								
	NONE															

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Nam James Randy Forbes | Pag 7 of 9

SCHEDULE V — LIABILITIES

*Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.* **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balanc at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank of America	Mortgage on 524 Johnstown Rd., Ches., Va.						X				
	SunTrust Bank	Boat Loan			X							
	Bank of America	Mortgage on 1391 Duck Rd., Dare Co., N.C.				X						
SP	Gateway Bank	Line of Credit		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2007 33-427 (mac)

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 4:06
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U.S. HOUSE OF REPRESENTATIVES

MC ~~AND~~ DELIVERED (9)
(Office Use Only)

Jeffrey L. Fortenberry
(Full Name)

301 S. 13th St. Lincoln, NE 402/438-1598
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: NE District: 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	N [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	N [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jeff Fortenberry	5/15/2007

Nam Jeff Fortenberry | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu f honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jeff Fortenberry

BLOCK A — Asset and/or Incom Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Inc me

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Block E: P, S, E
SP	Mega Corp Stock					X								X										X							P
DC	Simon & Schuster			Indefinite																Royalties									X		
JT	1st Bank of Paducah, KY accounts						X									X										X					
* JT	St. Claire Communications, Lincoln, NE Business Consultation, Marketing & Investments			X													X					X									
* JT	Gloria Deo Inc, Lincoln, NE Retail Book & Gift Stores						X													S-Corporate Income							X				
* JT	Union Bank, Lincoln, NE Checking Account			X													X					X									
SP	TIAA CREF Retirement Fund CREF Global Equities			X																	X										
SP	TIAA CREF Retirement Fund CREF Stock Fund			X																	X										

* Book Value Basis

For additional ass ts and unearn d incom , use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jeff Fortenberry

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A Name	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Incom: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Repex Biomedical LLC			X																	X										
	Smith Barney Citigroup Super-Simple 401K Plan Assets																														
	- Citigroup Stock			X											X							X									
	- Costco Wholesale Corp Stock			X											X							X									
	- Duke Energy Corp Stock			X											X							X									
	- EFJ Inc Stock			X										X							X										
	- Exxon Mobile Corp Stock			X											X							X									
	- Ford Motor Co Stock			X											X							X									
	- Intel Corp Stock			X											X							X									
	- Plains All Amer Pipeline Stock			X											X							X									
	- Sara Lee Corp Stock			X											X							X									
	- Thornburg Mtg Inc Stock			X											X							X									
	- Ventas Inc Stock			X											X							X									
	- Citibank Bank Deposit Prog				X												X						X								

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SCHEDULE IV — TRANSACTIONS

Name Jeff Fortenberry | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								
	Government Trust CTF-Zero Cpn Bond			X (matured)		5-15-06	X									

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Name Jeff Fortenberry | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Valu
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is requir d.

Name Jeff Fortenberry | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Franciscan University of Steubenville, Ohio	March 2-3, 2006	Washington, D.C. to Pittsburg to Steubenville returning to Pittsburg to Omaha, NE	Y	Y	N	None

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

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2007 MAY 14 PM 1:53

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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LUIS G. FORTUÑO
(Full Name)

126 CANNON HOB
(Mailing Address)

(202) 225-2615
Daytime Telephone:

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Puerto Rico District At Large	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files mor than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	N [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	N [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		05/14/07

Name LUIS G. FORTUÑO	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	F.P.R. FIRST CANCELLATION P.S.C	Spouse Prof. Service Fee	N/A
	Partners Legal Services, P.S.C.	Spouse Prof. Service Fee	N/A
	G & G Developers Corporations	Spouse Prof. Service Fee	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Nam LUIS G. FORTUÑO Page 3 19

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B		Block C																																			
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock					X							X											X														P
			Simon & Schuster		Indefinite																Royalties										X								
			1st Bank of Paducah, KY accounts					X									X										X												
JT	DORAL BANK MONEY MARKET ACCOUNT			X														X					X																
DC	DORAL BANK SAVINGS ACCOUNT				X													X					X																
DC	DORAL BANK SAVINGS ACCOUNT				X													X					X																
DC	DORAL BANK SAVINGS ACCOUNT				X													X					X																
SP	WESTERN BANK IRA ACCOUNT (CD)					X												X						X															
	WESTERN BANK IRA ACCOUNT (CD)					X												X						X															

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LUIS G. FORTUÑO

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	CASH VALUE - EQUITABLE LIFE INSURANCE				X														CAPITAL APPRECIATION			X									
JT	EASTERN BUILDERS, INC. (STOCK)														X					X											
JT	EASTERN BUILDERS, INC. (NOTE RECEIVABLE)									X							X			X											
SP	MARTINEZ, ODELL Y CALABRIA RETIREMENT PLAN				X										X					X											
	CORREA, CHIARLO, MERAGLIA & FORTUÑO (LIQUIDATION PENDING)				X										X				CAPITAL APPRECIATION	X											
	LAMPA CLOSING AND TITLE SERVICE INC. (LIQUIDATION PENDING)			X											X					X											
JT	LEASE PAYMENTS CORRESPONDING TO FORMER HOUSE: N-3 LOMA ALTA ST. GARDEN HILLS, GUAYNABO PR									X						X			RENTAL INCOME								X				
DC	UBS FINANCIAL SERVICES (INVESTMENT ACCT.)			X											X				CAPITAL APPREC			X									
DC	UBS FINANCIAL SERVICES (INVESTMENT ACCT.)			X											X				CAPITAL APPREC			X									
DC	UBS FINANCIAL SERVICES (INVESTMENT ACCT.)			X											X				CAPITAL APPREC			X									
JT	AVDOGT CORP. (FORMERLY CALLED SAN JUAN WEST RESIDENTIAL PROPERTIES, INC.) (STOCK)						X								X					X											
SP	WESTERN BANK IRA ACCT (SEE INDEX)			X											X						X										
JT	BPAT (MONEY MKT. ACCT.)			X													X					X									

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SCHEDULE IV — TRANSACTIONS

Name LUIS G. FORTUÑO | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								
	N/A															

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclud** : Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	BANCO POPULAR DE PUERTO RICO SAN JUAN, PUERTO RICO	MORTGAGE ON W-3 LOMA ALTA ST. ~~CAUGAS HILLS~~ GUAYNABO, PUERTO RICO					X					
JT	POPULAR BANK SAN JUAN, PUERTO RICO	LINE OF CREDIT (BUSINESS)		X								
JT	BB&T, VIRGINIA	LINE OF CREDIT (BUSINESS)				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NONE		

Use additional sheets if more spac is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expens
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	N/A						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/31/2004	CORREA, COLLAZO, MERRERO, Jiménez & FORTUÑO and LUIS G. FORTUÑO	Differences in accounting and valuation, in addition to completion of litigation case that was handled while at law firm, have prevented determination of amount of final payment.

GPO 2007 33:427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER (4)
2007 MAY 15 PM 1:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

Vito John Fossella
(Full Name)
15 Grandview Terrace
(Mailing Address)
Staten Island, N.Y. 10308
718-358-8400
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: N.Y. District: 13	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be ass ssed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	N ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	N ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" resp nse.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	N ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/14/07

Nam Vito John Fossella | Page 1 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Am unt of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

		Block A	Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP		SP	Mega Corp. Stock				X								X										X								P
DC	Examples:		Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X										X						
JT	Chase Manhattan Bank Acct				X													X					X										
	NYC Deferred Compensation					X										X								X									
SP	Chase Manhattan IRA						X											X						X									
	Merrill Lynch Global Value Fund Class B				X											X							X										
	Chase Manhattan 529																																
DC	College Savings Program Advisor				X													X						X									
DC	Chase Manhattan 529 College Plan Market Growth				X													X						X									

For additional assets and un arn d income, us n xt pag .

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Nam Vito John Fossella

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Sourc	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Am unt of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
DC	Chase Manhattan 529 College Savings Program Aggressive Growth			X													X						X									

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2006 Fossella Attachment

Chase Manhattan IRA breakdown

IRA holdings	Value	Income
Fidelity Cash Reserves	$1-$1,000	
Columbia Conservative High Yield	$1,001-$15,000	
DWS Dreman Small Cap Value	$1-$15,000	$201-$1,000
Dreyfus Premier Emerging Markets	$1-$1,000	
Eaton Vance Large Cap Value	$1,001-$15,000	$1,001-$2,500
Fidelity Advisor Short Fixed Income	$15,001-$50,000	$1,001-$2,500
MFS Investor Growth	$1,001-$15,000	$201-$1,000
Pimco Total Return	$1,001-$15,000	
Templeton Foreign	$1,001-$15,000	
JP Morgan Chase Stock	$15,001-$50,000	$1,001-$2,500

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 4:23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HC
(Office Use Only)

Virginia Ann Foxx
(Full Name)

430 Cannon House Office Building
(Mailing Address)

202-225-2071
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: NC District: 05	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who fil s m r than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	N [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	N [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	N [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Virginia Foxx	5/15/2007

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Virginia Foxx

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type f Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP		SP	Mega Corp. Stock					X							X										X								P
DC	*Examples:*		Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X										X						
JT	Rental Bldg 129 Crystal St. Spruce Pine, NC							X									X		X											X			S
JT	Wachovia Bank Accounts Boone, NC									X								X								X							
JT	Lot 1 Rose Bay Sub. Banner Elk, NC								X										X											X			S
JT	Rental 11853 Hwy 105 Banner Elk, NC							X									X									X							
JT	Rental 169 Crystal Dew Banner Elk, NC							X									X									X							
JT	Rental 166 Crystal Dew Banner Elk, NC						X										X									X							

For additional assets and un arned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virginia Foxx

Page 3 of 6

SP, DC, JT	BLOCK A Asset and/or Income Sourc	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Inc me: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	McDonalds				X										X								X								
JT	Proctor & Gamble				X										X								X								
JT	Smucker			X											X										X						
JT	Starwood			X											X			X				X									S
JT	Verizon			X											X								X								
JT	Wal Mart		X												X							X									
JT	Wash REIT			X											X								X								
JT	First Charter Bank Acct			X														NA			X										
	Growth Fd Am			X														X					X								
SP	Growth Fd Am			X														X					X								
SP	Lifestyles NY Life (Roth IRA)				X													X							X						
	Lifestyles NY Life (Roth IRA)				X													X							X						
JT	Tax Ex. Bond Fund					X											X							X							
JT	Van Kempen High Yield MF					X											X								X						
JT	Microsoft			X											X								X								P
JT	Walgreen			X											X								X								P
JT	Wachovia			X											X								X								P
JT	Mains Fund			X											X			X					X								P
JT	Meridian Fund (Fidelity Equity Income)			X											X			X					X								P
JT	RS Global Fund (Franklin Mutual Recovery)			X											X			X					X								P
JT	Matthews Asia Fund (Treasury Annuity)			X											X			X					X								P
JT	6 acres Land Hwy 105 Banner Elk, NC					X								X							X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virginia FOXX

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Inc m Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
JT	Rental 175 Crystal Dew Banner Elk, NC					X										X									X							
JT	Rental 199 Crystal Dew Banner Elk, NC						X									X										X						
JT	Rental 11496, Hwy 105 Banner Elk, NC					X										X										X						
JT	Rental 11490 Hwy 105 Banner Elk, NC					X										X										X						
JT	Farm 11468 Hwy 105 Banner Elk, NC									X						X		X							X							
JT	Four Family Inc 11493 Hwy 105 Banner Elk, NC				X												X			Mort.						X						S
JT	Acres 11468 Hwy 105 Banner Elk, NC				X															NA	X											
JT	Bank of America				X										X			X					X									
JT	Bristol Myers Squibb			X											X			X								X						
JT	Chevron				X										X								X									
JT	C-E					X									X			X														
JT	Hartford				X										X								X									
JT	Home Depot			X											X								X									
	NC Def Comp Plan					X									X			X								X						Rolled
	50% Jennifer Foreign Fund	Fund																														
	50% Arthur Trust Fund																															
	Riversource Annuity						X								X			X							X							Rolled
JT	CSX			X											X								X									P
JT	Kroft (spinoff of Philip Morris)			X										X									X									Spin Off
JT	Idearc (spin off of Verizon)	X																X														Spin Off
	loan Foxx for Congress	X												X							X											paid

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Virginia Foxx | Page 5 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Valu of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transacti n Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	SP Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
JT	Transamerica Annuity						X								X			X							X							Rolled
	34% Davis Fund																															
	33% Fidelity Equity Income																															
	33% MFG Total Ret																															

For additional assets and unearned income, use next page.

1389

SCHEDULE IV — TRANSACTIONS

Name Virginia Foxx

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Typ of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP *Example:*	Mega Corporation Common Stock	X			10-12-06		X								
JT	6 acres Land Hwy 105 Banner Elk, NC	X			12-1-06			X							
JT	Rental Bldg 129 Crystal St Spruce Pine, NC		X		5-1-06				X						
JT	Lot 1 Rosebog Subdivision Banner Elk, NC		X		12-1-06					X					
JT	Starwood stock		X		5-12-06	X									
JT	Microsoft stock	X			4-17-06	X									
JT	Walgreen stock	X			6-2-06 1-24-07	X									
JT	Wachovia stock	X			12-01-06	X									
JT	Moris Fund	X			3-27-06	X									
JT	Meridian Fund	X			3-27-06	X									
JT	RS Global Fund	X			3-27-06	X									
JT	Matthews Asian Fund	X			3-4-06	X									
JT	Foxx Family Inc (Golden snapmini, storage inventory etc) 11468 Hwy 105 Banner Elk, NC		X		5-1-06					X					

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY 11 10:03

MC

(Office Use Only)

U.S. Rep. Barney Frank
(Full Name)

2252 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-5931
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: MA District: 4	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who fil s more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ N ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ N ☑	

Each question in this part must be answered and the appr priate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ N ☑
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. *Any individual who knowingly and willfully falsifies, or who knowingly and* willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and b lief.		5-11-2007

1391

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name U.S. Rep. Barney Frank

BLOCK A **As et and/or Incom Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. *For an active business that is not publicly traded, in* Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless *there is rental income*); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Am unt of Inc me** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), r exchanges (E) exceeding $1,000 in reporting year.
Citizens Bank Savings & Checking Accounts	$1,001 - $15,000	INTEREST	$201 - $1,000	NA
4 Percent Interest in Breadline Restaurant (Washington, DC)	$15,001 - $50,000	None	NONE	S
1401 17th Street, N.W. Washington, DC (personal residence)	$500,001 - $1,000,000	None	NONE	S
Mass. Housing Finance Agency (bonds)	$1,001 - $15,000	INTEREST	$201 - $1,000	NA
Mass. Industrial Finance Agency (bonds)	$1,001 - $15,000	INTEREST	$201 - $1,000	NA
Mass. State Bonds (consolidated loan)	$15,001 - $50,000	INTEREST	$1 - $200	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name U.S. R p. Barney Frank

	Calvert Social Investment Fund	$50,001 - $100,000	CAPITAL GAINS/DIVIDENDS	$5,001 - $15,000	NA
	Mass. Turnpike Authority	$15,001 - $50,000	INTEREST	$201 - $1,000	NA
	Citibank Deposit Program	$15,001 - $50,000	INTEREST	$201 - $1,000	NA
	Nuveen Mass. Dividend Advantage Municipal Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	NA
	Marshfield, MA FGIC Insured Bonds	$1,001 - $15,000	INTEREST	$201 - $1,000	NA
	Univ. Of Mass. Building Authority	$15,001 - $50,000	INTEREST	$201 - $1,000	NA
	Mass. Water Resources Authority Bonds	$15,001 - $50,000	INTEREST	$1,001 - $2,500	NA
	Mass. State Bonds (consolidated loan)	$1,001 - $15,000	INTEREST	$1,001 - $2,500	NA
	Mass. State Special Obligation Bonds	$15,001 - $50,000	INTEREST	$1,001 - $2,500	NA
	Mass. General Obligation State Bonds (Series C)	$50,001 - $100,000	INTEREST	$2,501 - $5,000	P
	Mass. State Bonds (Federal Highway Grant)	$50,001 - $100,000	INTEREST	$2,501 - $5,000	P
	Mass. State Bonds (Series B; consolidated loan)	$15,001 - $50,000	INTEREST	$1,001 - $2,500	P
	Mass. State Bonds (Series C; consolidated loan)	$100,001 - $250,000	INTEREST	$1,001 - $2,500	P
	Mass. State Bonds (Series A; consoldiated loan)	$100,001 - $250,000	INTEREST	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name U.S. Rep. Barn y Frank

	Mass School Building Authority (Bonds)	$50,001 - $100,000	INTEREST	$1,001 - $2,500	P
	Mass. General Obligation State Bonds (Series C)	$100,001 - $250,000	INTEREST	$2,501 - $5,000	P

SCHEDULE IV - TRANSACTIONS

Name U.S. Rep. Barney Frank

Report any purchas , sal or xchange by y u, your spouse, or dep ndent child during the reporting year of any real property, stocks, bonds, c mm dities futures, or other securities when th amount of the transacti n r series of transactions xc eded $1,000. Include transactions that resulted in a loss. Do not report a transaction between y u, y ur spouse, or y ur depend nt child, or the purchas r sale of your pers nal residence, unl ss it is rented out. Provid a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	4 Percent Interest in Breadline Restaurant (Washington, DC)	S	January 1, 2006	$15,001 - $50,000
	1401 17th Street, N.W. Washington, DC (personal residence)	S	June, 2006	$500,001 - $1,000,000
	Mass. General Obligation State Bonds (Series C)	P	3 -14 - 2007	$50,001 - $100,000
	Mass. State Bonds (Federal Highway Grant)	P	3 - 14 - 2007	$50,001 - $100,000
	Mass. State Bonds (Series B; consolidated loan)	P	3 - 28 - 2007	$15,001 - $50,000
	Mass. State Bonds (Series C; consolidated loan)	P	7 - 11 - 2007	$100,001 - $250,000
	Mass. State Bonds (Series A; consolidated loan)	P	7 - 11 - 2007	$100,001 - $250,000
	Mass. School Building Authority (Bonds)	P	7 - 11 - 207	$50,001 - $100,000
	Mass. General Obligation State Bonds (Series C)	P	7 - 12 - 2007	$100,001 - $250,000

SCHEDULE V - LIABILITIES

Name U.S. Rep. Barney Frank

Report liabilities f over $10,000 w d t any ne creditor at any time during the reporting period by you, y ur sp use, or dep ndent child. Mark th highest am unt owed during the year. Exclude: Any mortgag n your personal residence (unless all or part of it is rented out); loans secured by aut m biles, househ ld furniture, r appliances; and liabiliti s wed to a sp use, or the hild, parent, or ibling of you or your spouse. Report "revolving charg acc unts" (i. ., credit cards) only if the balance at the close of the preceding cal ndar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Flagstar Bank (Bingham Farms, MI)	Mortgage on 1401 17th Street, N.W. Washington, DC (personal residence)	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name U.S. Rep. Barney Frank

Identify th source and list travel itin rary, dates, and nature of xpenses provided for travel and travel-related expenses totaling more than $305 rec iv d by you, your spouse, or a d pendent child during the rep rting period. Indicate whether a family memb r accompanied th trav ler at the sponsor's xp ns , and the am unt f time, if any, that was not at th sponsor's expense. Disc sure is required regardless of wh ther the expens s were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provid d t a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days n t at sponsor's expense
Victory Fund [speaking engagement]	Feb. 18 - 20	Boston - Houston - Boston	Y	N	N	None
Natl. Constitution Center [speaking engagement]	Feb. 22 - 23	Boston - Philadelphia - Boston	Y	N	N	None
Retirement Housing Foundation [speaking engagement]	Feb. 24 - 27	Boston - Los Angeles - Washington, DC [Feb. 26 lodging paid by Betty Berzon Memorial; speaking engagement]	Y	N	N	None
Dallas Stonewall Democrats [speaking engagement]	March 18 - 19	Washington, DC - Dallas - Boston	Y	N	N	None
SunServ and Family Pride Coalition [speaking engagement]	April 1 - 2	Boston - Ft. Lauderdale - Boston	Y	N	N	None
Utah Stonewall Democrats [speaking engagement]	April 21 - 22	New York - Salt Lake City [Boston to NYC travel paid with personal funds]	Y	N	N	None
Open Door Fund [speaking engagement]	April 22 - 23	Salt Lake City - Denver - Boston	Y	N	N	None
HBO Real Time with Bill Maher [television appearance]	April 28 - 29	Washington, DC - Los Angeles - Boston	Y	N	N	None

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name U.S. Rep. Barney Frank

Identify th s urc and list trav l itin rary, dates, and nature of expense provided f r trav l and travel-related exp ns s totaling m re than $305 received by y u, your spouse, or a dependent child during the reporting period. Indi ate whether a family member accompanied the trav ler at the sponsor's xpense, and the amount of tim , if any, that was not at the sp ns r's expense. Disclosure is required regardless of wheth r th expenses w re reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's exp n
Vanguard Mutual Funds [meeting with employees]	June 25 - 26	Boston - Philadelphia - Washington, DC	Y	N	N	None
Florida Democratic Party [speaking engagement]	July 14 - 16	Washington, DC - Tallahassee - Washington, DC	Y	N	N	None
Gala Choruses (Ft. Lauderdale, FL); [speaking engagement]	Sept. 2 - 4	Washington, DC - Ft. Lauderdale - Washington, DC	Y	N	N	None
New Yorker Magazine [speaking engagement]	Oct. 7 - 9	Boston - New York - Boston	Y	N	N	None
HBO Real Time with Bill Maher [television appearance]	Oct. 19 - 22	Washington, DC - Columbus, OH - Los Angeles - San Diego - Boston*	Y	N	N	1 Day
Eleanor Roosevelt Society of the National Workrights Inst. [speaking engagement]	Oct. 24 - 25	Providence, RI - New York - Washington, DC	Y	N	N	None
CUNY-Hunter College [speaking engagement]	Nov. 9 - 10	Washington, DC - New York - Boston	Y	N	N	None
Victory Fund [speaking engagement]	Nov. 17 - 19	Washington, DC - Houston - Boston	Y	N	N	None
AID Atlanta [speaking engagem nt]	Nov. 30 - Dec. 2	Washington, DC - Atlanta - Boston	Y	N	N	None

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name U.S. Rep. Barney Frank

id ntify the s urce and list travel itinerary, dates, and nature of xpenses provid d for trav l and trav l-related expenses totaling more than $305 rec ived by you, your sp use, r a dep nd nt child during the rep rting period. Indicate whether a family member accompanied the travel r at the sp ns r's expense, and the am unt of tim , if any, that was not at the sponsor's expense. Disclosure is required regardless of whether th xp nses were reimbursed or paid directly by th sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided t a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
		* Travel to, and lodging in, Columbus paid by Shimansky for Congress; 10 -19 lodging in Los Angeles paid w/ personal funds; travel to San Diego paid by Rinaldi for Congress; Oct, 21 - 22 was "red eye" flight w/ no separate lodging	N	N	N	

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 3:39
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(4)

TRENT FRANKS
(Full Name)

12416 N. 57th DRIVE
(Mailing Address)

GLENDALE, AZ 85304

Daytime Telephone: 202-225-4576

Filer Status	[X] Member of the U.S. House of Representatives	State: AZ District: 2	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files m r than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	N [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	N [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	N [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Trent Franks	5-15-07

1400

Name TRENT FRANKS | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Asset and/or Income Source	Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction: P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC, Examples:	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	NOTE PAYABLE FROM Providence Petroleum FOR Liberty Petroleum STOCK									X								X											X			
	Providence Petroleum STOCK									X								X			X											

For additi nal assets and unearned income, use next pag .

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name TRENT FRANKS

Page ___ of ___

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P S E
	U.S. PATENTS For LP1000 Life Pager						X							X							X											

This page may be copied if more space is required.

Name TRENT FRANKS | Page 1

EDULE VIII — POSITIONS

ort all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, oprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor ganization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	STRATEGIC CONSULTING + ADMINISTRATION INC
DIRECTOR	LIBERTY PETROLEUM CORPORATION
DIRECTOR	PROVIDENCE PETROLEUM CORPORATION
BOARD MEMBER	AMERICANS FOR MILITARY READINESS
BOARD MEMBER	HEARTLINE MINISTRIES
BOARD MEMBER	CHILDREN'S HOPE SCHOLARSHIP FOUNDATION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 9:38
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Rodney P. Frelinghuysen
(Full Name)

559 James Street
Morristown, New Jersey 07960
(Mailing Address)

(202) 225-5034 Rodney
(908) 439-3499 Tina
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: New Jersey District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be ass ssed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	N [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rod P. Frelinghuysen	5/15/07

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rodney P. Frelinghuysen

Page 2 of 39

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp. Stock					X								X																		P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	See Continuation Sheets Pages 3 thru 27																															

For additional assets and unearned income, use next page.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2006 INCOME	2006 TRANSACTION
Johnson & Johnson	I	DIV	VII	
Pall Corp.	G	DIV	V	
Peapack Gladstone Financial Corp.	F	DIV	V	
Bank of America (Formerly,Fleet Boston Financial)	F	DIV	VI	
Procter & Gamble Co.	I	DIV	VIII	
International Business Machines	H	DIV	VI	S
Eli Lilly & Co.	H	DIV	VII	
McData Corp. CL 'A" (IRA) (Formerly, Computer Technology)	C	NONE	I	
Peapack Gladstone Bank (CKG)	G	INT	III	
JP Morgan Chase Bank (SVGS)	E	INT	III	
Congressional Federal Credit Union	C	INT	II	
Aetna, Inc. NEW	F	DIV	II	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2006 INCOME	2006 TRANSACTION
Merck & Co., Inc.	G	DIV	VI	
Pfizer, Inc.	G	DIV	VI	S
Intel Corp.	A	DIV	III	S
American Express	E	DIV	III	
Bank of America - Svgs (Formerly Fleet Boston Bank)	C	INT	II	
JP Morgan Funds	C	DIV	II	
J.M. Smucker Co.	A	DIV	III	S
Tamarack Investment Fund (IRA) (Formerly Great Hall Fund (IRA))	C	DIV	II	
Medco Health Solutions, Inc.	D	NONE	I	S
Abbott Labs	F	DIV	V	
Emerson Electric Co.	E	DIV	IV	
Exxon Mobil Corp.	G	DIV	V	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2006 INCOME	2006 TRANSACTION
General Dynamics Corp.	D	DIV	III	
Hospira, Inc.	F	NONE	I	P
McGraw Hill Cos., Inc.	F	DIV	IV	
Medtronic, Inc.	F	DIV	III	P
SLM Corp.	F	DIV	V	
Schlumberger LTD	F	DIV	III	
Service Master Co.	E	DIV	V	
Wells Fargo & Co. (NEW)	E	DIV	IV	
B G Group PLC	F	DIV	III	
Nestle SA Sponsered ADR	E	DIV	IV	
Noble Corp.	D	DIV	II	
General Electric Co.	F	DIV	V	
Manpower, Inc.	F	DIV	IV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2006 INCOME	2006 TRANSACTION
EnCana Corp.	A	DIV	II	S
Pogo Producing Co.	F	DIV	IV	
Fidelity Nat'l Financial Corp.	A	DIV	III	S
Fidelity Nat'l Financial Corp. (Formerly Fidelity Nat'l Title Group - Name changed back)	F	DIV	V	P
White Mountain Insurance Group	E	DIV	IV	
Fedex Corp.	F	DIV	II	
Chicago Bridge & Iron Co.	F	DIV	III	
Exelon Corp.	E	DIV	IV	
Aqua Amer., Inc.	F	DIV	IV	P/S
Zenon Environmental, Inc.	A	NONE	I	P/S
RMA US Gov't Money Fund	F	DIV	VI	S
Comcast Corp. CL 'A' new	E	NONE	I	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2006 INCOME	2006 TRANSACTION
Home Depot, Inc.	F	DIV	IV	P
Honeywell International, Inc.	F	DIV	IV	P
Microsoft Corp.	F	DIV	IV	P
Walt Disney Co.	F	NONE	I	P
Conoco Phillips	E	DIV	IV	P
U.S. Treasury Bill due 12/28/06	A	INT	VI	P/S
U.S. Treasury Bill due 6/28/07	G	INT	I	P
17.923 Acres unimproved land, Frelinghuysen Twp., NJ (Commercial Value 2005)	G	NONE	I	
1/5th undivided interest in 235.8 acres of unimproved land, Stockbridge, Ma. (Est.Value)	F	NONE	I	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

All Assets are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2006 Income received VI

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Non-Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

All Assets are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2006 Income received IX

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : A.H. Frelinghuysen 1950 Trust,
Peter H. B. Frelinghuysen, Trustee
(1/5 income interest)*

All Assets are held in trust, and all
transactions are initiated by the Trustee

The trust was not created directly by Rodney,
his spouse or any dependents.

They are neither consulted nor give advice
regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly,
quarterly, yearly reports of any type regarding this trust, excepting
the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2006 Income received VII

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Peter H.B. Frelinghuysen Trust U/D dated 1/17/57, Peter H.B. Frelinghuysen and George L. K. Frelinghuysen, Trustees (1/8th income interest)*

All Assets are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2006 Income Received VII

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Deutsche Bank, New York, NY
Trustee (discretionary income interest)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Knight Ridder, Inc.	A	DIV	EXCHANGE
Merck & Co., Inc.	F	DIV	
Procter & Gamble Co.	I	DIV	S
Deutsche Bank Trust Co. Tax Free Income Fund	F	DIV	
Deutsche Bank Trust Money Market Account	D	INT	S
American International Group	D	DIV	
Cisco Systems, Inc.	C	NONE	
Intel Corp.	C	DIV	
American Express Co.	D	DIV	

All Assets listed are held in trust, and all transactions are initiated by the Trustee. *Neither Rodney, his spouse or any dependents is consulted nor gives advice regarding these* investments. However, Rodney does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Microsoft Corp.	C	DIV	
Pfizer	E	DIV	
Home Depot	C	DIV	
Comcast Corp. CL 'A'	C	NONE	
Eli Lilly & Co.	A	DIV	S
CitiGroup, Inc.	C	DIV	
Bank of America (Formerly Fleet Boston Financial Corp)	C	DIV	
Texas Instruments, Inc.	C	DIV	
General Electric Co.	C	DIV	
Noble Drilling Corp.	D	DIV	
J.M. Smucker Co.	A	DIV	S
Medco Health Solutions	D	NONE	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Ameriprise Financial, Inc.	A	NONE	S
McClatchy Newspaper, Inc	D	DIV	Exchange
Ishares Tr. MSCI EAFE Index Fd	D	DIV	P
SPDR Tr. Unit Ser I Standard & Poors Dep. Receipt	F	DIV	P
U.S. Treasury Bill due 3/01/07	E	INT	P
2006 Income Received		VIII	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. S. Procter Trust U/A
5/31/60 F/B/O Rodney P. Frelinghuysen
Peter Frelinghuysen & Rodney P. Frelinghuysen, Trustees

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Abbott Laboratories	F	DIV	
Bristol Myers Squibb Co.	E	DIV	
IMS Health, Inc.	D	DIV	
Moody's Corp.	E	DIV	
R.H. Donnelley Corp.	C	NONE	
Gannett Co., Inc.	D	DIV	
H. J. Heinz Company	D	DIV	
Pepsico, Inc.	F	DIV	
Procter & Gamble Co.	J	DIV	
Electronic Data System Corp.	C	DIV	
Loews Corp.	G	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Motorola, Inc.	E	DIV	
CSX Corporation	E	DIV	
A T & T, Inc. new (Formerly A T & T Corporation)	D	DIV	Merger/Exchange
Alcatel-Lucent ADR (Merged with Lucent Technologies, Inc.)	C	DIV	Merger/Exchange
R & T Short Term Income Money Market Fund	I	INT	P
American Express Co.	E	DIV	
Rohm & Haas Co.	D	DIV	
McGraw-Hill Cos., Inc.	F	DIV	
Sherwin Williams Co.	F	DIV	
Citigroup, Inc.	D	DIV	
Dun & Bradstreet Corp., NEW	D	NONE	
Zimmer Holdings, Inc.	D	NONE	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Smucker, J.M. Co.	E	DIV	
DelMonte Foods Co.	C	NONE	
Comcast Corp. New CL 'A'	C	NONE	
Hospira, Inc.	C	NONE	
FreeScale Semiconductor CL 'B'	A	NONE	S
Ameriprise Financial, Inc.	D	DIV	
2006 Income Received		IX	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Passaic Cty NJ Ref - Gen Imp	E	INT	
New Jersey St. Trans. Tr. Fd Auth. Bond	F	INT	
Newark, NJ Sch. Qualified Bond	A	INT	S
Port Auth. NY & NJ Cons.	F	INT	
Deptford Twp.NJ School District	F	INT	
Home Depot, Inc.	F	DIV	S

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Coca Cola Co.	D	DIV	S
General Mills	A	DIV	S
Pepsico, Inc.	G	DIV	
Altria Group, Inc.	F	DIV	
Procter & Gamble Co.	E	DIV	P
Bristol Myers Squibb Co.	A	DIV	S
Aetna, Inc., NEW	F	DIV	
American Int'l Group	E	DIV	
General Electric Co.	G	DIV	S
Emerson Electric Co.	E	DIV	
Parker - Hannifin Corp.	F	DIV	
Hewlett - Packard	F	DIV	
Intel Corp.	D	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
International Business Machines	D	DIV	
Microsoft Corp.	G	DIV	
BP PLC Sponsored ADR	F	DIV	
Exxon Mobil Corp	G	DIV	
Royal Dutch Petroleum Co.	E	DIV	
Union Pacific Corp.	E	DIV	
Anadarko Petroleum Corp.	A	DIV	S
J P Morgan Chase & Co. (Formerly Bank One Corp.)	D	DIV	
Dreyfus Tax Exempt Int'l Shares (Formerly, Scudder Tax Free Money Market)	G	INT	S
Bergen Cty NJ Ref -Gen. Imp	F	INT	
Zimmer Holdings, Inc.	D	NONE	P
Oakmark Int'l Fund CL 'I'	G	DIV	P

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Yum Brands, Inc.	D	DIV	
Equity Residential SH Ben Int.	E	DIV	
Public Storage, Inc.	E	DIV	
Regency Centers Corp.	E	DIV	
Simon Property Group, Inc. (new)	E	DIV	
Wells Fargo & Co. (new)	F	DIV	
Johnson & Johnson	E	DIV	
3M Company	E	DIV	
Stericycle, Inc.	F	NONE	
Galloway Twp. New Jersey - Ref.	F	INT	P
Colgate-Palmolive Co.	E	DIV	P
Diageo PLC ADR	E	DIV	P
Apache Corp.	D	DIV	P

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Bank of America Corp.	E	DIV	P
Amgen, Inc.	E	NONE	P
2006 Income Received		IX	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income beneficiary)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
J P Morgan Chase & Co. (Formerly Bank One Corp)	E	DIV	
Coca Cola Co.	E	DIV	S
General Mills	E	DIV	
Altria Group, Inc.	F	DIV	
Abbott Labs	E	DIV	

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Johnson & Johnson	F	DIV	
Bell South Corp.	E	DIV	S
American Int'l Group	F	DIV	S
Emerson Electric	E	DIV	
General Electric Co.	F	DIV	
Parker - Hannifin Corp.	F	DIV	
Hewlett - Packard	D	DIV	
Intel Corp.	D	DIV	s
Microsoft Corp.	F	DIV	
Exxon Mobil Corp.	F	DIV	S
Royal Dutch Petroleum	F	DIV	S
First Data Corp.	E	DIV	S
Montclair NJ Gen. Oblig.	E	INT	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Newark NJ Sch. Qualified Bond	E	INT	S
Dreyfus Tax Exempt Int'l Shares (Formerly, Scudder Tax Free Money Market)	G	INT	S
Burlington Cty NJ OID	F	INT	
NJ St. EDL FACS ATH REV Princeton Univ.	F	INT	
Anadarko Petroleum Corp.	E	DIV	S
Wells Fargo & Co. (new)	E	DIV	
Avery Dennison Corp.	E	DIV	
A T & T, Inc. new (Formerly SBC Communications, Inc.)	E	DIV	
Federal Nat'l Mtg. Bond	D	INT	
Petsmart, Inc.	D	DIV	
Staples, Inc.	E	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
3M Company	E	DIV	
Entergy Corp. new	A	DIV	S
Oakmark Int'l Fund CL 'T	F	DIV	P
Plum Creek Timber Co., Inc	E	DIV	
East Orange NJ- Ref	E	INT	P
Templeton Global Bond Fund	F	INT	P
Diageo PLC ADR	D	DIV	P
Procter & Gamble Co.	D	DIV	P
Nat'l Oilwell Varco., Inc.	D	NONE	P
Total SA ADR	E	DIV	P
Amgem, Inc.	E	NONE	P
Genentech, Inc.	E	NONE	P
Novartis AG ADR	E	DIV	P

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2006 TRANSACTION
Stryker Corp.	E	DIV	P
Armeka ADR (Spin-off from Total SA ADR)	C	NONE	Spin-off
Julius Baer Int'l Equity II CL I	F	DIV	P
Kinetics Small Cap. Opportunities - Int'l	E	DIV	P
Absolute Strategies Fund Int'l	E	DIV	P
2006 Income Received		VIII	

1430

SCHEDULE IV — TRANSACTIONS

Name Rodney P. Frelinghuysen

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–06		X								
	See Continuation Sheets															
	Pages 29 thru 38															

This page may be copied if more space is required.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	RMA U.S. Gov't Money Fund	S	B
01/06/06	Zenon Environmental	P	B
01/19/06	Int'l Business Machines	S	E
01/19/06	Fidelity Nat'l Title Group	P	C
01/23/06	Pfizer, Inc.	S	E
01/23/06	Fidelity Nat'l Title Group	P	C
01/23/06	Conoco Philips	P	D
01/26/06	Honeywell Int'l	P	D
01/31/06	Walt Disney Hldg. Co.	P	D
02/09/06	Fidelity Nat'l Title Group	P	B
02/14/06	J. M. Smucker	S	C
02/27/06	Aqua Amer., Inc.	P	B
03/09/06	Medtronic, Inc.	P	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
03/13/06	International Business Machines	S	C
03/14/06	Zenon Environmental	S	E
04/28/06	Fidelity National Financial	S	E
05/04/06	Microsoft Corp.	P	D
06/05/06	Encana Corp.	S	E
06/08/06	Intel Corp.	S	C
06/29/06	U.S. Treasury Bills Due 12/28/06	P	F
07/19/06	Int'l Businsess Machines	S	E
07/20/06	Home Depot, Inc.	P	D
07/27/06	Fidelity National Title Group	P	C
08/03/06	Aqua Amer., Inc.	P	E
8/04/06 & 8/18/06	U.S. T-Bill Due 12/28/06	S	C
08/14/06	Hospira, Inc.	P	D

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
08/23/06	Medtronic, Inc.	P	C
10/02/06	Aqua Amer., Inc.	S	D
12/05/06	Medco Health Solutions	S	C
12/28/06	U.S. Treasury Bill Due 12/28/06	S	F
12/28/06	U.S. Treasury Bill Due 6/28/07	P	F

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Deutsche Bank, New York, NY
Trustee (discretionary income interest)*

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Deutsche Bank Trust Money Market Acct	S	C
6/28/2006	Knight Ridder, Inc. (Cash rec'd in Stock Exchange)	Exchange	C
6/28/2006	McClatchy Newspaper, Inc. (Exchange for Knight Ridder, Inc)	Exchange	B
8/31/2006	Ameriprise Financial, Inc.	S	B
8/31/2006	J.M. Smucker Co.	S	B
8/31/2006	Eli Lilly & Co.	S	B
8/31/2006	Procter & Gamble Co.	S	E
8/31/2006	SPDR Tr. Unit SER I (Standard & Poors Dep Receipt)	P	E
8/31/2006	Ishares Tr. MSCI EAFE Index Fd	P	C
12/18/2006	U.S. Treasury Bill Due 3/01/07	P	D

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. S. Procter Trust U/A
5/31/60 F/B/O Rodney P. Frelinghuysen
Peter Frelinghuysen & Rodney P. Frelinghuysen, Trustees

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	R & T Short Term Income Money Market Fund	P	D
12/04/06	Freescale Semiconductor CL'B'	S	B
12/04/06	Alcatel-Lucent ADR (Merged with Lucent Technologies)	Merger	B

1436

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Dreyfus Tax Exempt Int'l Shares (Formerly, Scudder Tax Free Money Market)	S	E
02/03/06	Anadarko Petroleum Corp.	S	C
02/03/06	General Mills, Inc.	S	D
02/03/06	Procter & Gamble Co.	P	D
02/03/06	Amgem, Inc.	P	D
02/03/06	Bank of America Corp.	P	D
02/03/06	Colgate-Palmolive Co.	P	D
02/03/06	Diageo PLC ADR	P	C
02/03/06	Apache Corp.	P	C
02/03/06	Zimmer Holdings Inc.	P	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
02/06/06	Coca Cola Co.	S	C
02/09/06	Galloway Twp. NJ - Ref.	P	E
02/14/06	Home Depot, Inc.	S	C
08/09/06	Bristol-Myers Squibb Co	S	C
09/01/06	Newark, NJ Sch. Qualified Bond	S	E
10/05/06	General Electric Co.	S	C
12/15/06	Oakmark Int'l Fund CL 'T	P	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (Spouse discretionary income beneficiary)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Dreyfus Tax Exempt Int'l Shares (Formerly, Scudder Tax Free Money Market)	S	F
05/04/06	Kinetics Small Cap. Opportunities - Int'l	P	D
05/04/06	Templeton Global Bond Fund	P	E
05/04/06	Julius Baer Int'l Equity II CL 'T'	P	E
05/04/06	Total SA Adr	P	D
05/04/06	Procter & Gamble Co.	P	C
05/04/06	National Oilwell Varco, Inc.	P	C
05/04/06	Stryker Corp.	P	D
05/04/06	Novartis AG ADR	P	D
05/04/06	Diageo PLC ADR	P	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (Spouse discretionary income beneficiary)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
05/04/06	Amgem, Inc.	P	D
05/04/06	East Orange NJ - Ref	P	D
05/04/06	Coca Cola Co.	S	C
05/04/06	Intel Corp.	S	B
05/04/06	Bell South Corp.	S	C
05/04/06	Anadarko Petroleum Corp.	S	E
05/04/06	Entergy Corp.	S	D
05/04/06	First Data Corp.	S	D
05/04/06	Royal Dutch Petroleum	S	E
05/04/06	Exxon Mobil Corp.	S	D
06/06/06	Arkema ADR (Spin-off from Total SA ADR)	Spin-off	B

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (Spouse discretionary income beneficiary)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
07/26/06	Genentech, Inc.	P	D
07/26/06	Absolute Strategies Fund Int'l	P	D
07/26/06	American Int'l Group	S	E
09/01/06	Newark NJ Sch. Qualified Bond	S	D
12/15/06	Oakmark Int'l Fund CL 'I'	P	E

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Board	El Primer, LTD Morristown, NJ

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 14 PM 3:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

ELTON GALLEGLY
(Full Name)

P.O. BOX 940001
SIMI VALLEY CA 93094-0001
(Mailing Address)

Daytime Telephone 805-529-4487

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 24	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	N [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Elton Gallegly	April 25, 07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	DYNAMIC REALTY	SPOUSE SALARY	N/A
	GALLEGLY FOR CONGRESS	SPOUSE SALARY	N/A

For paym nts t charity in lieu of h noraria, use Sch dul II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ELTON GALLEGLY

BLOCK A — Ass t and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
JT	1791 ERRINGER ROAD SIMI VALLEY CA 93065									X							X											X					
SP	DYNAMIC REALTY				X																	N/A											
JT	UNION BANK						X											X						X									
JT	WASHINGTON MUTUAL								X									X										X					
SP	IRA - PERSHING LLC - AHERN						X															X											
SP	IRA - PERSHING LLC - COCA COLA				X											X							X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Nam ELTON GALLEGLY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	KEOUGH - WELLS FARGO			X													X					X										
	IRA - MERRILL LYNCH																															
	ALLIANCE GROWTH				X										X								X									
	CALAMIGOS GROWTH FUND				X										X								X									
	* BLACKROCK VALUE				X										X										X							
	** BLACKROCK FUNDAMENTAL				X									X							X											
	JOHN HANCOCK US GLOBAL				X									X							X											
	COCA COLA			X											X							X										
	ML MONEY MARKET			X													X					X										
JT	MIDLAND PROPERTY LTD				X									X							X											
	PTR XXIII WHO OWNS AFFORDABLE HOUSING AT CENTRAL AVE & CENTURY COURT IN CENTER, COLORADO																															
	AND WHO OWNS SENIOR HOUSING AT 1615 "O" STREET, SACRAMENTO, CA 95814																															
	*FORMERLY KNOWN AS ML SMALL CAP VALUE																															
	** FORMERLY KNOWN AS ML FUNDAMENTAL GROWTH																															

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SCHEDULE IV — TRANSACTIONS

Name ELTON GALLEGLY | Page 5 of 16

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10-12-06		X								
SP	IRA PERSHING LLC-AMGEN		X			3-27-06	X									

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1447

Name ELTON GALLEGLY | Page 6 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	CARUANA FAMILY TRUST 3405 HAZELNUT COURT, SIMI VALLEY CA 93065	MORTGAGE - 1791 ERRINGER SIMI VALLEY CA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY -7 PM 5:17

(Office Use Only)

(6)

MC

ELTON GALLEGLY
(Full Name)

P.O. BOX 940001
(Mailing Address)

SIMI VALLEY CA 93094-0001
Daytime Telephone: 805-522-4487

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 24	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone wh files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Y s [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Y s [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Y s" r sponse.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Y s [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Elton Gallegly	

Name	Page
ELTON GALLEGLY	2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	DYNAMIC REALTY	SPOUSE SALARY	N/A
	GALLEGLY FOR CONGRESS	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the Instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

			Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Examples:	SP	Mega Corp. Stock					X								X										X							P
DC			Simon & Schuster		Indefinite																	Royalties									X			
JT			1st Bank of Paducah, KY accounts						X									X																
JT			1791 ERRINGER ROAD SIMI VALLEY, CA 93065								X							X										X						
SP			DYNAMIC REALTY			X																	N/A											
JT			UNION BANK					X											X						X									
JT			WASHINGTON MUTUAL							X									X									X						
SP			IRA-PERSHING LLC-ALGEN					X															X											
SP			IRA-PERSHING LLC-COCKRELL			X											X							X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ELTON GALLEGLY

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type f Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
	KEOUGH - WELLS FARGO	C	INTEREST	II	
	IRA - MERRILL LYNCH				
	ALLIANCE GROWTH	D	DIVIDENDS	III	
	CALAMIROS GROWTH FUND	D	DIVIDENDS	III	
	* BLACKROCK VALUE	D	DIVIDENDS	V	
	** BLACKROCK FUNDAMENTAL	D	NONE	I	
	JOHN HANCOCK US GLOBAL	D	NONE	I	
	COCA COLA	C	DIVIDENDS	II	
	ML MONEY MARKET	C	INTEREST	II	
JT	MIDLAND PROPERTY LTD	D	NONE	I	
	PTR XXIII WHO OWNS AFFORDABLE HOUSING AT CENTRAL AVE & CENTURY COURT IN CENTER, COLORADO				
	AND WHO OWNS SENIOR HOUSING AT 1613 "O" STREET, SACRAMENTO, CA 95814				
	*FORMERLY KNOWN AS ML SMALL CAP VALUE				
	** FORMERLY KNOWN AS ML FUNDAMENTAL GROWTH				

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SCHEDULE IV — TRANSACTIONS

Name ELTON GALLEGLY Page 5 of 16

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-06		X								
SP	IRA PERSHING LLC - AMGEN	X			3-27-06	X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	CARLANA FAMILY TRUST 3705 HAZELNUT COURT, SIMI VALLEY CA 93065	MORTGAGE - 1791 ERRINGER SIMI VALLEY CA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Scott Garrett
(Full Name)

100 Pond School Road
(Mailing Address)

Sussex, NJ 07461

202-225-4465
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: NJ District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [✓]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [✓]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [✓]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [✓]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	N [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	N [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Scott Garrett	May 14, 2007

Nam Scott Garrett | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None	—	—

For payments to charity in lieu of honoraria, use Schedule II.

Name	Scott Garrett	Page	1 of 1

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
None	—	—	—

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Name	Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X										X									P
			Simon & Schuster	Indefinite																	Royalties									X				
			1st Bank of Paducah, KY accounts					X									X									X								
	Dreyfus Appreciation Fund					X										X			X							X								
	Dreyfus Basic S&P Fund					X										X			X							X								
	Dreyfus Discipline Stock Fund					X	X									X			X							X								
	Lake Land's Bank (Checking Account)				X													X						X										
	Lake Land Bank Stock				X											X			X					X										P, S,

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Scott Garrett

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	TRAVELERS - ANNUITY (NOW MET-LIFE)				X										X			X						X								
	PRINCIPLE MID CAP GROWTH				X													X						X								

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SCHEDULE IV — TRANSACTIONS

Name Scott Garrett

Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
	Lake Land Bank Stock	X	X		7-11-06	X									
	"	X			7 21-06	X									
	"	X			7 27 06	X									
	"		X		7 19 06	X									

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Name Scott Garrett | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
None		

Use additional sh ets if more space is required.

Name Scott Garrett | Page 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Heritage Foundation	1/27 → 31/06	DC → Baltimore → DC	Y	Y		NONE ~~2 Days~~
	Women of the Storm	2/18 → 20/06	Newark NJ → New Orleans → Tomsons, NJ	Y	Y	Y	NONE

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Nam	Scott Garrett	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Veritas

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 — 33-427 (mac)

Use additional sheets if more space is required.

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2007 MAY 15 PM 1:54
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

James W. Gerlach
(Full Name)
649 Deep Hollow Lane Chester Springs, PA 19425
(Mailing Address)
610/827-9351
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: PA District: 06	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed again t anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. Th Statement will be availabl to any requesting person upon writt n application and will b reviewed by the Committ e on Standards of Official Conduct or its d signee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to fil this report may be subject to civil penalties and criminal sanctions (S e 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of R porting individual	Dat (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledg and beli f.		5 / 15 / 07

SCHEDULE I - EARNED INCOME

Nam James W. Gerlach

List the s urce, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) t taling $200 or more during the preceding calendar year. For a sp use, list the sourc and amount of any hon raria; list only the source for other spouse earned inc me exceeding $1,000.

Source	Type	Amount
Pennsylvania State Employees Retirement System	Legislative Pension	$15,250

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James W. Gerlach

BLOCK A **Ass t and/or Inc m Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Incom** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if ass t had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting y ar.
Vanguard Group - Balanced ~~Index Fund~~, ~~Life Strategy Mod~~. Growth, & 500 Index Fund	$50,001 - ~~$100,000~~	DIVIDENDS	$2,501 - $5,000	
State Deferred Compensation Program - State Index Fund, Extended Market Fund, Enhanced Tactical Fund	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
Congressional Federal Credit Union Accounts	$15,001 - $50,000	INTEREST	$1 - $200	

SCHEDULE VIII - POSITIONS

Name James W. Gerlach

R port all positions, compensated or uncompensated, held during the current calendar year as an fficer, director, trustee of an organizati n, partn r, proprietor, representative, employee, or consultant of any c rporation, firm, partnership, or any business nterprise, any nonprofit organizati n, any labor organization, r any educational or oth r institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Brandywine Health Foundation
Director	Brandywine Transitional Corporation
Director	Gerlach Corporation

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U.S. HOUSE OF REPRESENTATIVES
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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A — For use by Members, officers, and employees

Gabrielle Giffords
(Full Name)

502 Cannon House Office Building Washington, DC 20515 — 1-202-225-2542
(Mailing Address) — Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representative — State: AZ District: 08	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		5/13/07

SCHEDULE I - EARNED INCOME

Name Gabrielle Giffords

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Giffords Capital Management LLC	Management Fee	$12,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gabrielle Giffords

BLOCK A **Asset and/or Income S urce** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Inc me** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
117 West Armijo Tucson AZ	$15,001 - $50,000	None	NONE	See Footnote
300 West 17th St Tucson AZ	$100,001 - $250,000	RENT	$5,001 - $15,000	See Footnote
Arizona State Retirement Account	$1,001 - $15,000	state retirement acct-not self-directed	NONE	
Bank of America Corporation	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
Bridgestone Corp ADR	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Coca Cola Company	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gabrielle Giffords

	Conoco Phillips (Burlington Res Inc exchanged for Conoco Phillips shares)	$1,001 - $15,000	DIVIDENDS	$1 - $200	E
	Dentsply International Inc (new)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Dow Chemical Company	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Gap Inc DEL	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	General Electric Company	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	IDEARC Inc Com Del (spin-off from Verizon)	$1 - $1,000	NONE	NONE	E
	ISHARES TR RUSSELL 1000 Value Index FD	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Lockheed Martin Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Mexico Fund Inc	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	NASDAQ 100 TR Unit SER 1	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Northern Money Market Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Roche Hldg Ltd ADR ISN#US7711951043	None	CAPITAL GAINS	$5,001 - $15,000	
	Roche Hldg Ltd ADR ISN#US7711951043	None	DIVIDENDS	$1 - $200	
	Roth IRA Northern Trust Income Equity Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gabrielle Giffords

	Roth IRA Northern Trust Large Cap Value Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Roth IRA Northern Trust Select Equity Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Roth IRA Northern Trust Technology Fund	$1,001 - $15,000	DIVIDENDS	NONE	
	S & P 500 Depository Receipt	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	S & P Mid Cap 400 Dep Rcpts Mid Cap SPDRS	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Smith Barney (Class A) Aggressive Growth Fund	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	
	TEVA Pharmaceutical Inds Ltd ADR	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	United Technologies Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Verizon Communications	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Gabrielle Giffords

Report any purchase, sal or xchange by you, your spouse, or dependent child during the r porting year of any real property, stocks, bonds, commodities futures, or other securities when th amount of th transaction or series of transactions xceeded $1,000. Includ transactions that resulted in a loss. Do not report a transaction between you, your spous , or y ur dependent child, or th purchase or sale of your pers nal residence, unless it is rented ut. Provid a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	IDEARC Inc Com Del (spin-off from Verizon)	E	11-20-06	$0 - $1,000
	Conoco Phillips (Burlington Res Inc exchanged for Conoco Phillips shares)	E	4-3-06	$1,001 - $15,000
	Roche Hldg Ltd ADR ISN#US7711951043	S	4-20-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Gabrielle Giffords

R port liabilities of ov r $10,000 owed to any on creditor at any tim during the reporting period by you, your spous , or dependent child. Mark the high st amount owed during the year. Exclude: Any mortgage on your personal r sid nce (unless all or part of it is rented out); loans secured by automobiles, hous hold furniture, or appliances; and liabilities owed to a spouse, or the child, parent, r sibling of you r your spous . Report "revolving charge accounts" (i. ., credit cards) only if the balance at th close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Washington Mutual (formerly Homeside Lending)	Mortgage on 300 W 17th St Tucson AZ	$50,001 - $100,000

SCHEDULE VIII - POSITIONS

Name Gabrielle Giffords

Report all positions, compensated or uncompensated, h ld during th curr nt calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor rganization, or any educational or other institution oth r than the United Stat s. Exclude: P sitions held in any religious, social, fraternal, r political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Giffords Capital Management LLC
Member of the Advisory Board	Univ of Az College of Business & Public Administration
Member of the Board of Directors	162nd Air National Guard Minuteman Committee
Member of the Board of Directors	Anti-Defamation League
Member of the Board of Directors	Arizona Prevention Resource CenterAdvisory Council
Member of the Board of Directors	Arizonans for Cultural Development
Member of the Board of Directors	Art Reach Inc
Member of the Board of Directors	Breast Cancer Boot Camp
Member of the Board of Directors	Friends of Saguaro National Park
Member of the Board of Directors	Presidents Council of Cornell Women
Member of the Board of Directors (Treasurer in 2006)	Tohono Chul Park
Member of the Board of Directors	Women's Campaign School at Yale

SCHEDULE VIII - POSITIONS

Name Gabrielle Giffords

Report all po itions, compensated or uncompensated, held during the current calendar year as an officer, director, tru tee of an organizati n, partn r, proprietor, repres ntativ , employee, or consultant of any corporati n, firm, partnership, or any business nterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United Stat s. Exclude: Positions h ld in any religious, social, fraternal, or political ntities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member of the Board of Directors	YMCA of Metropolitan Tucson
Mananger	Giffords Management Group LLC-uncompensated, not active management
Fellow	Rodel Public Leadership-Aspen Institute 2005-2007
Member (President in 2006)	American Atlantic Young Political Leaders

All positions unpaid

FOOTNOTES

Name Gabri lle Giffords

Number	Section / Schedule	Footnote	Thi note refers to the following item
1	Schedule III	117 West Armijo Street is a vacant lot which is also addressed by Pima County as 119 West Armijo Street. The value is based on the most recent (2008 tax year) Pima County Assessor's Office comparative valuations.	
2	Schedule III	300 West 17th Street is a residential rental property which is also addressed by Pima County as 691 South 9th Avenue. The value is based on the most recent (2008 tax year) Pima County Assessor's Office valuations.	

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

Wayne Thomas Gilchrest
(Full Name)
13501 Turners Creek Rd.
Kennedyville, MD 21645
(Mailing Address)
Daytime Telephone 202 225 5311

Filer Status [X] Member of the U.S. House of Representatives — State Maryland District 1st — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] N [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] N [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Wayne T. Gilchrest	May 14, 2007

Name Wayne Thomas Gilchrest Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investment(s), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Block E: P, S, E
SP	Mega Corp. Stock							X							X										X								P
DC	Examples: Simon & Schuster				Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts								X								X										X						
JT	70 shs Citigroup Inc				X											X							X										
JT	42 shs Dominion Res Inc				X											X							X										
JT	18 IDEARC Inc. Spinoff Review			X											X							X											
JT	400 Intel Corp				X											X							X										
JT	55 Johnson + Johnson				X											X							X										
JT	233 Nuveen Municipal				X											X							X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Wayne Thomas Gilchrest

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
JT	125 shs Pepco Hldgs			X											X							X										
JT	50 Valero Energy			X											X							X										
JT	360 Verizon Com.			X											X								X									
JT	100 shs WGL HLDGS			X											X							X										
JT	1642 US Gov't Money Mkt			X													X					X										
JT	495 Alliance ber Int'l			X											X							X										
JT	5006 Franklin Income			X											X								X									
JT	236 American GR FD			X											X							X										
JT	404 American INC FD			X											X								X									
JT	204 American WA Mutual			X											X							X										
JT	Time Share Dewey Bch, DE				X											X						X										
JT	Certificate of deposit Peoples Bank of Kent Gym MD			X													X					X										

All securities are held in street name of Morgan Stanley
All dividends and interest are paid directly to
Morgan Stanley who in turn files an
annual federal 1099 information return
for the Gilchrists in the $2501 – $5000 range

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SCHEDULE IV — TRANSACTIONS

Name Wayne Thomas Gilchrest Page 4 of 4

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–06		X								
JT	39 shs Comcast Corp		X		06-23-06	X									
JT	104 shs Lucent Tech.		X		06-23-06	X									
JT	128 shs At + + Inc		X		06-23-06	X									
JT	98 shs Delphi		X		06-23-06	X									
JT	365 shs Verizon Comm		X		06-23-06	X									
JT	141 shs General Motors Corp		X		06-23-06	X									
JT	744 shs Franklin Income C	X			11-29-06	X									
JT	55 shs Johnson & Johnson	X			06-23-06	X									
JT	50 shs Valero Energy CP Dela	X			06-23-06	X									
JT	50 shs Citigroup Inc	X			06-23-06	X									
JT	20 shs Citigroup Inc	X			06-23-06	X									
JT	certificate of deposit Peoples Bank of Kent Cty Md	X			04-25-05	X									
JT	time share - Dewey Bch, DE	X			08-04-04		X								

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

INSIDE MAIL
... RESOURCE CENTER
2007 JUN 14 AM 11:47
... THE CLERK
... HOUSE OF REPRESENTATIVES
(Office Use Only)

(12)

Kirsten Elizabeth Gillibrand
(Full Name)

120 Cannon House Office Building Washington, DC
(Mailing Address)

Daytime Telephone 202 225 5614

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 20	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	N [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Kirsten E. Gillibrand	June 13, 2007

Name Kirsten Gillibrand	Page 1 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Boies Schiller & Flexner LLP, NY	Salary	$90,000
	International Car Show LLC, Boca Raton, FL	Spouse Salary	NA

F r paym nts to charity in lieu of honoraria, us Schedul II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization *in lieu* of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	—			

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Name Kirsten Gillibrand | Page 3 of 11

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. *For an active business that is not publicly traded*, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Asset and/or Income Source		Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Type of Income (NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Transaction (P, S, E)
SP	Mega Corp. Stock		F	NONE	IV	P
DC	Simon & Schuster		Indefinite	Royalties		X
JT	1st Bank of Paducah, KY accounts			INTEREST		
	Solomon Smith Barney Accounts, NY		C	INTEREST	III	
	Citibank Accounts, NY		C	INTEREST	III	
SP	Coutts Bank Accounts, UK		F	INTEREST	IV	
	E Trade Accounts, VA (Cash)		C	INTEREST	II	
	Trust Co. Accounts, NY		C	NONE	I	
SP	Barclays Accounts, NY		E	INTEREST	III	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Kirsten Gillibrand

Page 4 of 11

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	TrustCo Stock			X											X								X									–
	BAe Systems Stock	X													X			X										X				S
	Windcrest LLP Stock (Medical Devices, Potomac, MD)				X												X					X										P
	Ambient Corp Stock			X										X							X											–
	Charter Communications Stock	X												X							X											–
	Market Vector Gold Miners ETF			X											X							X										P
	StreetTracks Gold ETF (GLD)			X										X							X											P
	Fidelity Retirement Money Mkt.						X										X									X						–
	Morgan Stanley CP FX Income			X											X								X									–
	Fidelity Capital and Income			X											X			X						X								–
	Fidelity US Bond Index				X										X			X								X						–
	Citibank SEP Money Market			X													X					X										–

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Kirsten Gillibrand

Page 5 of 11

SP, DC, JT	BLOCK A Ass t and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Inc me							BLOCK D Amount f Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Ref. Liabilities Schedule V																															
	Additional information on short stock sales:																															
	KB Home Stock (Short)	X																X					X									P*
	Pulte Home Stock (Short)	X																X				X										P*
	* Indicates Purchase to close short stock position.																															

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SCHEDULE IV — TRANSACTIONS

Name Kirsten Gillibrand | Page 6 of 11

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-06		X								
	KB Home Long Put Options: Jan '07 $45	X			2-10-06	X									
	Jan '07 $25	X													
	Jan '07 $25	X													
	Pan American Silver Calls (Long): Jan '07 $40	X			5-23-06	X									
	Jan '07 $25	X			6-2-06										
	Jan '07 $25	X			6-12-06										
	Jan '07 $25		X		12-12-06	X									
	New Century Financial Long Puts Jan '07 $30	X			7-12-06	X									
	Jan '07 $30	X			7-12-06										

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

Individual transactions less than $1,000.
Total greater than $1,000.

Individual < $1,000.
Total > $1,000.

Individual < $1,000.
Total > $1,000.

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SCHEDULE IV — TRANSACTIONS

Name Kirsten Gillibrand | Page 7 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-08		X								
	Research in Motion Long Puts: Jan'07 $40	X			6-8-06	X									
	Jan'07 $40	X			6-20-06										
	Jan'07 $40	X			7-13-06		Individual < $1,000; Total > $1,000								
	Jan'07 $40	X			8-15-06										
	Jan'08 $40	X			10-31-06										
	Mar'07 $72.50	X			10-31-06										
	Pulte Homes Long Puts: Jan'07 $25	X			7-24-06	X									
	Jan'07 $25	X			7-28-06		Individual < $1,000; Total > $1,000								
	Jan'07 ~~$40~~ $17.50	X			8-15-06										
	Jan'08 $22.50	X			12-7-06										
	Best Buy Long Puts: Mar'07 $45	X			10-31-06	X	Individual < $1,000; Total > $1,000								
	Mar'07 $45	X			11-27-06										

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Name Kirsten Gillibrand | Page 8 of 11

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Typ of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-06		X								
	Windcrest Stock	X			03-10-06	X									
	BAe Systems		X		11-30-06			X							
	Charter Communications		X		10-31-06	X									
	KB Home Stock (Purchase to cover short)	X			08-07-06	X									
	Pulte Home Stock (Purchase to cover short)	X			08-07-06	X									
	Market Vectors Gold Mines ETF	X			06-30-06	X									
	Street Tracks Gold ETF (GLD)	X			01-16-06 06-30-06	X									
	Newmont Mining	X	X		~~P 1-27-06~~ P 2-10-06 ~~S 5-1-06~~	X									
	Pan American Silver	X	X		~~P 2-13-06~~ S 3-03-06	X									
	iShares S&P / Topix 150 Index	X	X		P 1-27-06 S 5-12-06	X									
	Energy Sector Spider Trust	X	X		P 1-16-06 S 3-7-06	X									

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Name Kirsten Gillibrand | Page 9 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	ETrade, VA	Short Stock Sales		X								
	See schedule III for short stock sale details.											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
—		

Us additional sh ts if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board Member	Brennan Center for Justice (currently resigned)
Board Member	Eleanor Roosevelt Legacy (currently resigned)
Board Member	Commission on Greenway Heritage Conservancy for the Hudson River Valley (currently resigned)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

HAND DELIVERED

(10)

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2007 JUN 15 PM 2:28

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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(Office Use Only)

Paul E. Gillmor
(Full Name)

514 Hedgegate North Court | Tiffin, OH 44883
(Mailing Address)

202-225-6405
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: OH, District: 5	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone wh files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Paul E. Gillmor	June 15, 2007

SCHEDULE I - EARNED INCOME

Name Paul E. Gillmor

List the source, type, and amount f earned income from any source (ther than the filer's current employment by the U.S. Gov rnment) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount f any honoraria; list only the s urce for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Ohio	Spouse salary	N/A
Public Employees Retirement System of Ohio	Pension for service prior to entering Congress	$49,141
Gillmor Financial Services	Pension for service prior to entering Congress	$50,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	AIG - stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	American Movil - stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	Berkshire Hathaway	$50,001 - $100,000	DIVIDENDS	NONE	
	Charles Schwab & Co money market fund	$100,001 - $250,000	INTEREST	$201 - $1,000	
	Comfort Systems - stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	David Phillips note	$1,001 - $15,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor

	DeNovo Corporation - stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Dodge & Cox Stock Fund - mutual fund	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000	
	Embarq Corp - stock	None	CAPITAL GAINS	$201 - $1,000	S
	Emerald Bank - stock	$15,001 - $50,000	DIVIDENDS	NONE	
	EZ Color - note	$250,001 - $500,000	INTEREST	$5,001 - $15,000	
	Fargo Electronics - stock	None	CAPITAL GAINS	$15,001 - $50,000	S
	Fidelity Spartan Money Market - mutual fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	First Service - stock	$15,001 - $50,000	DIVIDENDS	NONE	
	First Solar - stock	$1 - $1,000	DIVIDENDS	NONE	
	Free I, LLC - stock	$15,001 - $50,000	DIVIDENDS	NONE	P
	Gillmor Family Limited Partnership	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
	Gillmor Financial Services - stock	$5,000,001 - $25,000,000	DIVIDENDS	$100,001 - $1,000,000	
	Graftech - stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Icon Energy Fund - mutual fund	$15,001 - $50,000	DIVIDENDS	$5,001 - $15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: Paul E. Gillmor

	Inter-Tel - stock	None	DIVIDENDS	$1 - $200	S
	National Research Corporation - stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Northwest Natural Gas - stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Oakmark Select - mutual fund	None	DIVIDENDS	NONE	S
	Ohio Legacy	None	DIVIDENDS	NONE	S
SP	Ohio Public Employees Comp Program	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
SP	Old Fort Bank account	$1 - $1,000	INTEREST	$1 - $200	
	Old Fort Bank account	$50,001 - $100,000	INTEREST	$201 - $1,000	
SP	Old Fort Bank IRA account	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Old Fort Bank IRA account	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Omnicare - stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Paul M. Gillmor Company - stock	$250,001 - $500,000	DIVIDENDS	$15,001 - $50,000	
	Popular, Inc - stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Southwest Natural Gas - stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E Gillmor

	Sprint-Nextel - stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	T. Rowe Price funds	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Universal Electronics - stock	$15,001 - $50,000	DIVIDENDS	NONE	
SP	US Bank - savings account	$15,001 - $50,000	INTEREST	$201 - $1,000	
DC	Vangaurd Total Stock Market Fund - mutual fund	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	P
	Vanguard Prime Money Market Fund	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Vanguard Short Term Bond Fund - mutual fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
DC	Vanguard Total Stock Market Fund - mutual fund	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	P
	Vanguard Total Stock Market Fund - mutual fund	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000	
DC	Vanguard Total Stock Market Fund - mutual fund	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	P
	Wright-Patman Congressional Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Paul E. Gillmor

Report any purchase, sale r exchange by y u, your spouse, or dependent child during the reporting year f any real pr p rty, stocks, bonds, commodities futures, or other securities when the amount of th transaction r seri s of transactions exceeded $1,000. Include transactions that resulted in a l ss. Do not r p rt a transacti n b tween you, your spouse, or your dep ndent child, r the purchase or sale of your personal residence, unless it is rent d out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Graftech - stock	P	02-16-2006	$1,001 - $15,000
	Vanguard Prime Money Market Fund	S	05-19-2006	$15,001 - $50,000
	Fargo Electronics - stock	S	08-04-2006	$15,001 - $50,000
	Embarq Corp - stock	S	02-16-2006	$1,001 - $15,000
	Inter-Tel - stock	S	02-08-2006	$15,001 - $50,000
	Oakmark Select Fund - mutual fund	S	03-31-2006	$50,001 - $100,000
	Ohio Legacy - stock	S	12-07-2006	$1,001 - $15,000
	Free I, LLC - stock	P	06-16-2006	$15,001 - $50,000
DC	Vanguard Total Stock Market Fund - mutual fund	P	03-07-2006	$50,001 - $100,000
DC	Vangaurd Total Stock Market Fund - mutual fund	P	03-07-2006	$50,001 - $100,000
DC	Vanguard Total Stock Market Fund - mutual fund	P	03-07-2006	$50,001 - $100,000

SCHEDULE V - LIABILITIES

Name Paul E. Gillmor

R port liabiliti s of ver $10,000 owed t any on creditor at any time during the reporting period by you, your spous , r d pendent child. Mark the highest amount wed during the year. Exclud : Any mortgage on your personal residence (unless all or part of it is rented out); l ans secured by automobil s, household furnitur , r appliances; and liabiliti s owed to a spous , r the child, parent, or ibling of you or your sp use. Report "rev lving charg accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Sutton Bank of Attica, Ohio	Personal loan	$500,001 - $1,000,000

SCHEDULE VIII - POSITIONS

Name Paul E. Gillmor

R port all positl ns, compensated r uncompensated, held during the current calendar year as an officer, dir ct r, trustee of an organization, partner, proprietor, repres ntative, employee, or consultant of any corp rati n, firm, partnership, r any business enterpris , any nonprofit organization, any labor organization, or any educational or other instituti n th r than the United States. Exclude: Positions held in any religious, social, fraternal, r political entities; positions sol ly of an h norary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman	Gillmor Financial Services
Chairman	Old Fort Banking Company
Director	DeNovo Corporation
Director	Paul M. & Lucy J. Gillmor Foundation
Director	Paul M. Gillmor Company

FOOTNOTES

Name Paul E Gillmor

Number	Section / Sch dule	Footnote	This note r fers to the foll wing item
4	Schedule IV	Acquired in spin off from Sprint-Nextel	Embarq Corp - stock
8	Schedule III	Stock increased in value	Dodge & Cox Stock Fund - mutual fund
39	Schedule III	Separate account for each minor child	Vanguard Total Stock Market Fund - mutual fund
40	Schedule III	Account newly opened	Vanguard Prime Money Market Fund
42	Schedule III	Separate account for each minor child	Vanguard Total Stock Market Fund - mutual fund
44	Schedule III	Separate account for each minor child	Vanguard Total Stock Market Fund - mutual fund

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A — For use by Members, officers, and employees

HAND DELIVERED

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2007 JUN -8 PM 5:03

(Office Use Only) THE CLERK U.S. HOUSE OF REPRESENTATIVES

John Phillip Gingrey
(Full Name)

632 North St Mary's Lane Marietta, GA 30064
(Mailing Address)

(202) 225-2931
Daytime Telephone

Filer Status ☑ Member of the U.S House of Representatives — State GA District 11 — Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief

Signature of Reporting Individual: John Phillip Gingrey

Date (Month, Day, Year): 06-08-2007

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Phillip Gingrey

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
American Balanced Fund	$100,001 - $250,000	CAPITAL GAINS	$1,001 - $2,500	
Calamos Growth & Income Fund	$50,001 - $100,000	CAPITAL GAINS	$5,001 - $15,000	
Calamos Growth Fund	$100,001 - $250,000	CAPITAL GAINS	$5,001 - $15,000	
Columbia Strategic Value Fund	$100,001 - $250,000	CAPITAL GAINS	$5,001 - $15,000	
Davis New York Venture Fund	$250,001 - $500,000	CAPITAL GAINS	$15,001 - $50,000	
Delaware Trend Fund	$15,001 - $50,000	CAPITAL GAINS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Phillip Gingrey

Eaton Vance Worldwide Health Sciences Fund	$50,001 - $100,000	CAPITAL GAINS	$5,001 - $15,000
Index Great Companies America Fund	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000
PIMCO Renaissance Fund	$100,001 - $250,000	None	NONE
Scudder Flag Investors Fund	$15,001 - $50,000	CAPITAL GAINS	$2,501 - $5,000
Scudder Global Fund	$50,001 - $100,000	CAPITAL GAINS	$15,001 - $50,000
Franklin Income Fund	$15,001 - $50,000	None	NONE
Oppenheimer Global Fund	$15,001 - $50,000	CAPITAL GAINS	$2,501 - $5,000
SunAmerica Money Market	$15,001 - $50,000	INTEREST	$1,001 - $2,500
Ener1 Stock	$1 - $1,000	None	NONE
Roche Holdings Stock	$50,001 - $100,000	CAPITAL GAINS	$1 - $200
Home Holdings Corp Stock	$15,001 - $50,000	None	NONE
Biogen Stock	$1,001 - $15,000	None	NONE
Boeing Stock	$15,001 - $50,000	CAPITAL GAINS	$5,001 - $15,000
Coca-Cola Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000

	Zimmer Holdings Stock	$1,001 - $15,000	None	NONE	
	Citigroup Inc. Stock	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000	
	Conseco Inc. Stock	$1,001 - $15,000	CAPITAL GAINS	$1 - $200	
	Conseco Series A Stock	$1 - $1,000	CAPITAL GAINS	$1 - $200	
	Dillards Stock	$15,001 - $50,000	CAPITAL GAINS	$1,001 - $2,500	
	Embarq Corp. Stock	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	E
	Liberty Media Holding Corp. Interactive Stock	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	E
	Liberty Media Holding Corp. Capital Series A Stock	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	E
	General Electric Stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Matria Healthcare Stock	$15,001 - $50,000	CAPITAL GAINS	$5,001 - $15,000	
	Sprint Stock	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	
	Time Warner Stock	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	
	Income Fund of America	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000	
SP	Coca-Cola Stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Phillip Gingrey

SP	Wal-Mart Stock	$1,001 - $15,000	CAPITAL GAINS	$1,001 - $2,500
JT	Community Bank of the South Stock	$50,001 - $100,000	CAPITAL GAINS	$201 - $1,000
	Schwab Money Market Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200
	Coca-Cola Enterprises Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200
	Home Depot, Inc. Stock	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000
	Vanguard Healthcare Fund	$15,001 - $50,000	CAPITAL GAINS	$2,501 - $5,000
	Marietta Outpatient Surgery, LTD	$100,001 - $250,000	CAPITAL GAINS	$15,001 - $50,000
SP	BG Properties (Adrian Place, Atlanta, GA; Old Hwy 5, Canton, GA)	$100,001 - $250,000	RENT	$15,001 - $50,000
	Church Street Properties (Church Street, Marietta, GA)	$1,000,001 - $5,000,000	RENT	$15,001 - $50,000
	Courtyard Properties (Courtyard Street, Auburn, AL)	$500,001 - $1,000,000	RENT	$50,001 - $100,000
	West Cobb Properties (Dallas Hwy, Marietta, GA)	$100,001 - $250,000	RENT	$15,001 - $50,000
	GMB Properties (Alexander Street, Marietta, GA)	$250,001 - $500,000	RENT	$15,001 - $50,000
SP	North Carolina Ave, SE, Washington, DC	$500,001 - $1,000,000	RENT	$5,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name John Phillip Gingrey

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Aim Diversified Dividend Fund	S	1-13-2006	$50,001 - $100,000
	Aim Premier Equity Fund	S	1-13-2006	$50,001 - $100,000
	Embarq Corp. Stock (exchange of EMC Corp. Stock)	E	5-26-2006	$1,001 - $15,000
	Liberty Media Holding Corp Interactive Stock (split of Liberty Media Corp. A Stock)	E	5-11-2006	$1,001 - $15,000
	Liberty Media Holding Corp. Capital Series A Stock (split of Liberty Media Corp. A Stock)	E	5-11-2006	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name John Phillip Gingrey

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting p riod by you, your spouse, or dependent child. Mark th highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Charter Bank, Marietta, GA	Mortgage on Office Building, Church Street, Marietta, GA	$100,001 - $250,000
	Community Bank of the South, Marietta, GA	Mortgage on Office Building, Dallas Hwy, Marietta, GA	$250,001 - $500,000
	Citibank Commercial Real Estate, San Francisco, CA	Mortgage on Rental Apartments, Alexander Street, Marietta, GA	$50,001 - $100,000
	Acadia Federal Savings & Loan, Falls Church, VA	Morgage on North Carolina Ave, SE, Washington, DC	$500,001 - $1,000,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Philip Gingrey

Identify the source and list travel itinerary, dates, and nature of expenses provided for trav l nd travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate wh ther a family memb r accompanied the traveler at th sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-r lat d expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Heritage Foundation	Jan. 29-31	DC-Baltimore-DC	Y	Y	Y	NONE

SCHEDULE VIII - POSITIONS

Name John Philip Gingrey

Report all positions, compensated or uncompensated, held during the current calendar year as an officer director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner (unpaid)	GMB Properties
Partner (unpaid)	Church Street Properties
Partner (unpaid)	Courtyard Properties
Partner (unpaid)	West Cobb Properties
Director (unpaid)	Bank of Ellijay
Director (unpaid)	WestSide Bank

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employ es

Louie Gohmert
(Full Name)

510 Cannon Washington, DC 20515
(Mailing Address)

202/225-3035
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: TX District: 1	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐ No ☑	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ N ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ N ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its design e. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Y ar)
I CERTIFY that the stat ments I have mad on this form and all attached sch dul s ar true, complet and correct to the best of my knowledge and belief		6-14-07

1513

SCHEDULE I - EARNED INCOME

Name Louie Gohmert

List the sourc , type, and amount f earned inc m from any source (other than th filer's current employm nt by the U.S. Government) totaling $200 or more during the preceding calendar year. F r a spouse, list th source and amount of any honoraria; list only the sourc for other spou e arned inc me xceeding $1,000.

Source	Type	Amount
Gohmert for Congress	Spouse Salary	N/A

SCHEDULE V - LIABILITIES

Name Loui Gohmert

R port liabilities of over $10,000 owed t any on creditor at any time during th rep rting perl d by you, your spouse, or dependent child. Mark th highest amount owed during the year. Exclude: Any mortgag on your personal resid nce (unless all or part of it is rented out); loans secured by automobiles, hous hold furniture, or applianc s; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charg accounts" (i. ., credit cards) only if the balance at the close of th preceding calendar y ar xceed d $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Citizens 1st Bank	Personal Loan	$100,001 - $250,000
JT	ACS	Consolidated College Student Loans for 3 children	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Louie Gohmert

Identify the source and list travel itinerary, dates, and nature of xpenses pr vided for trav l and travel-related expens s totaling more than $305 r ceived by y u, y ur spous , or a dependent child during th reporting peri d. Indicate whether a family m mber acc mpanied the traveler at the sponsor's exp nse, and the amount of tim , if any, that was not at the spons r's expense. Disclosure is required regardless of wheth r the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately rep rt d under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provid d to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expens
Heritage Foundation	Jan 29-31	Tyler-Baltimore-DC	Y	Y	N	None
Club for Growth	Feb 17-19	DC-Ft. Lauderdale-Tyler	Y	Y	N	None
Gladewater(Texas) Economic Development and US-Ukranian Foundation	April 27-May 2	DC-Kiev-DC	Y	Y	N	None

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

[illegible] RESOURCE CENTER
2007 MAY 22 AM 9:34
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

CHARLES A. GONZALEZ
(Full Name)

303 CANNON HOB
(Mailing Address)

202.225.3236
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State: TEXAS District: 20	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who fil s m re than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	N ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Charles A. Gonzalez	May 21, 2007

1517

Name CHARLES A GONZALEZ | Page 1 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PHYLLIS BROWNING CO.	SPOUSE commission	NA

For payments to charity in lieu of honoraria, us Sch dule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name CHARLES A. GONZALEZ

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investment(s), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Am unt of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP																															
SP			Mega Corp. Stock				X								X										X								P
DC			Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X									X							
	TEXAS COUNTY AND DIST. RETIREMT. SYSTEM					X												N/A								N/A							N/A
	EMPLOYEES RETIREMT. SYSTEM OF TEXAS						X											N/A								N/A							N/A

For additional ass ts and un arn d income, use next pag .

Nam CHARLES A. GONZALEZ | Page 3 of 3

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	BANK OF AMERICA	CHARGE ACCTS.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
	NA	

Us additi nal sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 11: 17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

Virgil H. Goode, Jr.
(Full Name)
90 East Church Street
(Mailing Address)
Rocky Mount, VA 24151
Daytime Telephone: 202-225-4711

Filer Status: [X] Member of the U.S. House of Representatives — State: Virginia District: Fifth; [ ] Officer or Employee; Employing Office:

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who fil s more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] N [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Virgil H. Goode Jr	5-14-06

Name Virgil H. Goode, JR | Page 1 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Valu of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Inc me

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B											Block C								Block D											Block E
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: Mega Corp. Stock (SP)					X								X										X								P
	Simon & Schuster (DC)			indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts (JT)						X									X										X						
	2 Acres with office, Hwy 220 Rocky Mount, VA					X								X																		
	lot and office, 235 S. Main St., Rocky Mount, VA					X								X																		
	1/2 interest - 3 lots Koehler Rt 1 Fieldale, VA 24084			X										X																		
	1/2 interest in house and 200 Acres Rt 2, Rocky Mount with sister							X						X																		
	1/2 interest with sister in 2 Acres at Henry, VA Hwy			X												X							X									
	combined checking/saving SunTrust Bk, Rocky Mt, VA					X											X							X								

For additional assets and un arn d income, use next pag .

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Nam Virgil H. Goode, JR

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type f Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount f Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Altria Stock				X										X									X								
	SunTrust Stock								X						X												X					
	Cardinal Stock				X										X									X								
	Capital One Stock						X							X																		Sold-All
	Peoples Bank Stock				X										X								X									Purchase Part
	Central Nat BK Stock		X											X							X											
	Shenandoah Nat BK Stock			X										X							X											
	Patriot Bank Stock				X										X								X									
	Vanguard Mun. Bd Fund			X													X						X									
SP	combined checking/saving SunTrust, Rocky Mt, VA			X													X						X									
	Wachovia Stock						X								X											X						
SP	Vanguard Mun. Bd Fund			X													X						X									
	J.P. Morgan Chase Stock					X									X									X								
	A T T Stock					X									X										X							
	Lucent-Alcatel Stock				X									X							X											merged
	BBT Stock					X									X									X								
	Scott & Stringfellow IRA			X													X					X										
SP	SunTrust IRA			X													X					X										
	Congressional Fed. Cr. Un				X												X					X										
	Federal Thrift Saving Pl.						X								X											X						
	American Elec Power St						X								X										X							
	Occidental Stock					X									X									X								

This page may be c pi d if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	DCH Ted-MEDRA Stock		X											X							X											merged to MEDRA
	Exxon Stock					X									X									X								
	Coca Cola Stock						X								X										X							
JT	Main Street BK Stock			X										X							X											
	Allegheny Ener. Stock					X								X							X											
	Agere Sys. Stock			X										X							X											
	Chater Comm Stock				X									X							X											
	Reynolds Am. Stock						X								X										X							
	VA Public Sch Auth Bond			X													X						X									
	Comcast Stock				X									X							X											
	Powhatan Co. Bond				X												X							X								
	FORD Motor Stock			X											X								X									[redacted]
	Franklin Com. Bank C.D.				X												X						X									
	El Paso [redacted] Stock				X										X									X								
	Altria Stock					X									X										X							
SP	Patric Henry BK Stock				X										X									X								part purchase
	Main Street Bank Stock				X									X							X											
JT	ATT Stock				X										X								X									
JT	ABB LtD Stock			X											X							X										
JT	First Nat Power Stock			X										X							X											
	Patrick Henry BK Stock					X									X									X								part purchase
	Mountain Nat BK Stock					X									X									X								part Purchase

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr. Page 4 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	First Nat BK Stock				X										X									X									
SP	First Nat BK Stock					X									X									X									Part Purchase
JT	Hometown BK Stock			X										X							X												
SP	Peoples Bank Stock			X											X							X											Purchase
SP	Mountain Nat BK Stock			X											X							X											Purchase
	NFS Classic Prime						X								X											X							Purchase
	FORD Motor Preferred				X										X									X									Purchase
	B+G Foods Stock				X									X							X												Purchase
SP	Suntrust Certificate			X													X						X										Purchase

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SCHEDULE IV — TRANSACTIONS

Nam Virgil H. Goode, Jr. Page 1 of 1

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-06		X								
	Capital One Financial Stock		X		1-26-06				X		SOLD IN FULL				
	NFB Classic Prime	X			1-26-06				X						
	Patrick Henry Bank Stock	X			2-17-06 4-5-06		X								
	Mountain National Bank St.	X			3-11-06 4-25-06		X								
	Peoples Bank Stock	X			4-25-06	X									
	Ford Motor Preferred	X			4-26-06		X								
	B & G Foods Stock	X			12-22-06		X								
SP	First National Bank Stock	X			2/9-16/06 3/22-24/06		X								
SP	Mountain National Bank Stock	X			2/17/06	X									
SP	Patrick Henry Bank Stock	X			2/27/06 6/1/06	X									
SP	Peoples Bank Stock	X			7/31/06	X									
SP	SunTrust Certificate	X			3/24/06	X									

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2007 MAY 16 PM 5:12
(Office Use Only) THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Robert William Goodlatte
(Full Name)

5341 Fox Ridge Road Roanoke, VA 24018
(Mailing Address)

202-225-5431
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: VA District 06 — ☐ Officer Or Employee — Employing Office

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTION

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? — Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTION

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rob Goodlatte	5-16-07

SCHEDULE I - EARNED INCOME

Name Robert William Goodlatte

List the sourc , typ , and amount of earnad income from any source (other than the filer's curr nt employm nt by the U.S. G vernment) totaling $200 or more during the preceding calendar year. For a spouse, list the sourc and amount of any h norarla; list only the source for other spouse earn d income exceeding $1,000.

Source	Type	Amount
Glenn, Feldman, Darby and Goodlatte, P.C., Roanoke, VA	Spouse Salary	NA
RGC Resources, Inc.	Spouse Directors Compensation	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert William Goodlatte

	BLOCK A **Asset and/or Inc m S urce** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Inc me** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	American Cap Inc BLDR IRA	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	American Fund Tax Exempt Bonds	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
JT	Bank of America, Roanoke, VA - Savings	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Bankers Trust Market Lnk 401k	$15,001 - $50,000	INTEREST	NONE	
JT	Black Rock Equity TR (Old name: State St. Res Equity TR)	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Blackrock Global (was Merrill Lynch Global) IRA	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert William Goodlatte

SP	Bond Fund of America 401k	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000
JT	Centnl MM TR AG Edwards	$15,001 - $50,000	INTEREST	$201 - $1,000
	Centnl MM TR AG Edwards IRA	$1,001 - $15,000	INTEREST	$1 - $200
SP	DNP Select Income (Formerly Duff Phelps Utilities 401K)	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000
SP	Eaton Vance Ltd Duration 401k	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
JT	First Citizens Bank, Roanoke, VA - Savings/Checking	$15,001 - $50,000	INTEREST	$1,001 - $2,500
SP	First Eagle Global Fund 401k	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
SP	Franklin Invs Secs TR 401K	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
SP	Glenn Feldman Darby and Goodlatte	$15,001 - $50,000	DIVIDENDS	NONE
SP	GNMA Government Security IRA	$1 - $1,000	DIVIDENDS	$1 - $200
JT	Greenwood Trust Co. DE	$1,001 - $15,000	INTEREST	$1 - $200
SP	Hartford Cap Apprec. Fd 401K	$15,001 - $50,000	DIVIDENDS	NONE
JT	Independent Natl Mortgage Corp CT	$1,001 - $15,000	INTEREST	$201 - $1,000
	Investment Co Of America IRA	$15,001 - $50,000	DIVIDENDS	$201 - $1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert William Goodlatte

	Janus Fund IRA	$50,001 - $100,000	DIVIDENDS	NONE
SP	Loomis Sayles Strategic Income Fd 401K	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000
	Mass Mutual Life - Life Insurance	$1,001 - $15,000	DIVIDENDS	$1 - $200
SP	Merrill Lynch Retr Res IRA	$1 - $1,000	INTEREST	$1 - $200
JT	MFS Virginia Muni Bond Fund	$15,001 - $50,000	INTEREST	$1,001 - $2,500
SP	New Persp Fund 401K	$50,001 - $100,000	DIVIDENDS	$1 - $200
SP	New York Venture Fund 401K	$50,001 - $100,000	DIVIDENDS	$201 - $1,000
SP	Nicholas Fund IRA	$1,001 - $15,000	DIVIDENDS	NONE
SP	Pioneer Global High Yld 401K	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
SP	RGC Resources	$50,001 - $100,000	DIVIDENDS	$5,001 - $15,000
SP	Seligman Communications 401K	$50,001 - $100,000	DIVIDENDS	NONE
DC	Sun Trust, Roanoke, VA Savings	$1,001 - $15,000	INTEREST	$1 - $200
JT	SunTrust Bank Savings	$1,001 - $15,000	INTEREST	$1 - $200
SP	SunTrust Bank, IRA, Roanoke, VA	$1,001 - $15,000	INTEREST	$201 - $1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert William Goodlatte

	Suntrust Bank, Roanoke, VA IRA	$1,001 - $15,000	INTEREST	$201 - $1,000
JT	T Rowe Price Int Stock Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
JT	T Rowe Price S&P Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
	Templeton Foreign Fund IRA	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
	UTS Government Secs Inc IRA	$15,001 - $50,000	INTEREST	$1 - $200
	Valley Bank Roanoke CD	$50,001 - $100,000	INTEREST	$2,501 - $5,000
JT	Valley Bank Roanoke, VA - Checking	$1,001 - $15,000	INTEREST	$201 - $1,000
	Valley Bank, Roanoke CD	$15,001 - $50,000	INTEREST	$201 - $1,000

SCHEDULE IV - TRANSACTIONS

Name Robert William Goodlatte

R port any purchas , sal r exchange by you, your sp use, or d pendent child during the reporting year f any real property, stocks, bonds, comm ditie futur s, r other securities when the amount f the transaction r seri s of transactions exceeded $1,000. Include transacti ns that resulted in a loss. Do n t report a transacti n b tween you, your spouse, or your dependent child, r the purchase or sal of your personal r sidenc , unless it is rented ut. Pr vide a

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transacti
SP	Hartford Cap Apprec FD 401K	P	12-7-06	$15,001 - $50,000
SP	Loomis Sayles Strategic In FD 401K	P	12-7-06	$15,001 - $50,000
SP	Franklin Inv Secs TR	P	12-7-06	$50,001 - $100,000
SP	Pioneer Global High Yld 401K	P	12-7-06	$15,001 - $50,000
SP	Franklin Invs. Secs Trust	P	12-22-06	$15,001 - $50,000
SP	Loomis Sayles Strategic Income FD 401K	P	12-22-06	$15,001 - $50,000
SP	American Cap Inc BLDR IRA	P	5-16-06	$15,001 - $50,000
SP	Fifth Third Bancorp IRA	S	5-16-06	$1,001 - $15,000
SP	American Washington Mutual IRA	S	5-16-06	$15,001 - $50,000
SP	Merrill Lynch Fundamental Growth A IRA	S	5-16-06	$15,001 - $50,000
SP	Merrill Lynch Global Allocation A IRA	P	5-16-06	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert William Goodlatte

Identify the source and list travel itin rary, dates, and nature of exp ns s provided f r travel and travel-related expen e totaling m re than $305 received by you, your pouse, r a depend nt child during th reporting period. Indicate whether a family member accompanied th traveler at th spon r's expense, and the amount of time, if any, that was not at the sp nsor's expense. Disclosure is required r gardless of whether the expenses were reimbursed or paid dir ctly by th sponsor. Exclude: Travel-relat d expenses provided by federal, tat , and local governments, or by a foreign gov rnm nt required t be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Electi n Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at spons r's
National Farmers Union	March 4-5	Omaha, NE-Denver, CO-Roanoke, VA	Y	Y	N	None
Electronic Industries Alliance	Aug 13-14	Hot Springs, VA	Y	Y	Y	None
Virginia Telecommunication Industry Assoc	Oct 25-26	Irvington, VA	Y	Y	Y	None

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

Samuel Bruce "Sam" Graves, Jr.
(Full Name)

110 S. 10th Street
(Mailing Address)

(202) 225-7041
Daytime Telephone

Tarkio, Missouri 64491

MC (Office Use Only) (16)

Filer Status	[X] Member of the U.S. House of Representatives	State Missouri District: Sixth (6th)	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 9, 2007

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Tarkio, Missouri R-1 School District	Teachers Salary of spouse, Lesley J. Graves	Not Applicable

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
None			

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Name Samuel B. "Sam" Graves, Jr. | Page 4 of 16

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income. Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction. Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	L	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	Block E: P, S, E
SP	Mega Corp. Stock						X								X																			P
DC, JT	Simon & Schuster			Indefinite																	Royalties									X				
JT	1st Bank of Paducah, KY accounts							X									X										X							
JT	Sam Graves Farms: Clark Township & Tarkio Township, Atchison County, MO								X								X											X						
JT	Rydex Mutual Funds/OTC Index Fund				X										X							X												
JT	Janus Research Fund *				X										X							X												
JT	Oracle Corporation		X												X							X												

* Formerly known as Janus Mercury Fund

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel B. "Sam" Graves, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Incom: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Cisco Corporation		X												X							X										
JT	E-Trade Checking Account				X												X						X									
SP	Golden Triangle Energy Cooperative			X											X												X					
JT	Small Town Investment Club			X											X			X								X						P, S **
JT	Farm Equipment & Machinery				X																											
JT	US Bank 2 Checking Accounts				X												X					X										
JT	State of Missouri Retirement System	X												X							X											
JT	Home Depot			X											X							X										
JT	Nokia Corporation			X											X							X										
JT	Time Warner, Inc.			X											X							X										
JT	Janus Contrarian Fund			X											X			X				X										
JT	Janus Midcap Value Fund			X											X			X				X										
SP	BioFuels LLC *			X										X							X											
JT	Congressional Federal Credit Union				X												X					X										

* Biodiesel plant in Mexico, Missouri

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SCHEDULE IV — TRANSACTIONS

Name Samuel B. "Sam" Graves, Jr. | Page 6 of 16

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-06		X								
	See attached Schedule III (Cont.) and Summary of equities purchased and sold and Ameritrade Brokerage Statement for December 31, 2006, for Small Town Investment Club	X	X			X									

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SCHEDULE III (Cont.)

Small Town Investment Club

Interest of Samuel B. "Sam" Graves, Jr., in Small Town Investment Club **11.1%**

1. Ameritrade Brokerage Statement for year ending December 31, 2006
2. Summary of equities purchased and sold; the dates therefor; and the purchase or sale price for Small Town Investment Club

Small Town Investment Club was dissolved in November 2006.

account #

Account registration:
SMALL TOWN INVESTMENT CLUB PRTNRSHP

800-669-3900
TD AMERITRADE
DIVISION OF TD AMERITRADE INC
PO BOX 2209
OMAHA, NE 68103-2209

Announcements:
SHARE THE POWERFUL TOOLS, VALUE AND SERVICE OF TD AMERITRADE WITH YOUR FRIENDS AND EARN GREAT REWARDS. TO REFER A FRIEND, LOG ON TO YOUR ACCOUNT AND SELECT "PROMOTIONS & OFFERS" FROM THE ACCOUNT MENU.

Portfolio Summary

Investment	Current Value	Prior Value	Period Change	% Change	Estimated Income	Estimated Yield	Portfolio Allocation
Cash	-	-	-	-	$1.68	-	-
MMDA	10,353.35	20,748.08	(10,394.73)	(50.1)%	-	-	100.0%
Money Market	-	-	-	-	-	-	-
Short balance	-	-	-	-	-	-	-
Stocks	-	-	-	-	-	-	-
Short stocks	-	-	-	-	-	-	-
Bonds	-	-	-	-	-	-	-
Options	-	-	-	-	-	-	-
Short options	-	-	-	-	-	-	-
Mutual funds	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-
Total	**$10,353.35**	**$20,748.08**	**($10,394.73)**	**(50.1)%**	**$1.68**	**-**	**100.0%**

Portfolio Allocation

MMDA
100.0%

Cash Activity Summary

	Current	YTD
Opening balance	$ 0.00	$254.67
Securities purchased	-	(43,387.89)
Securities sold	-	127,084.80
Funds deposited	-	8,400.00
Funds disbursed	(10,444.98)	(82,634.53)
Income	0.14	284.51
Expense	-	-
Other	10,444.84	(10,001.56)
Closing balance	**$0.00**	**$ 0.00**

Income & Expense Summary

	Taxable	Non-Taxable	YTD
Income			
Dividends	-	-	$284.14
Interest	0.14	-	0.37
Other	-	-	-
Expense			
Interest	-	-	-
Fees	-	-	-
Other	-	-	-
Net	**$0.14**	**$ 0.00**	**$284.51**

Performance Summary

	YTD
Cost basis as of - 12/29/06	$ 0.00
Realized gains*	0.00
Realized losses*	0.00
Unrealized gains	0.00
Unrealized losses	0.00
Funds deposited/(disbursed)	(74,234.53)
Income/(expense)	284.51
Securities received/(delivered)	0.00

*Cost Basis information will be available in 2006

AMERITRADE

account #

Account Positions

Investment Description	Symbol/ CUSIP	Quantity	Current Price	Market Value	Purchase Date	Cost Basis	Average Cost	Unrealized Gain(Loss)	Annual Inc me	Yield
Stocks - cash										
Worldcom Inc Mci Group Com	MCWEQ	1	$NP	$NP		$-	NP $	$		
Total stocks				0.00		0.00		0.00	0.00	0.0%
Total cash account				0.00		0.00		0.00	0.00	0.0%

Account Activity

Trade Date	Settle Date	Account Type	Transaction	Description	Symbol/ Cusip	Quantity	Price	Amount	Balance
Opening balance									$0.00
11/27/06	11/27/06	Cash	Div/Int	Interest Credit Payable: 11/24/2006			$ 0.00	$ 0.14	0.14
11/27/06	11/27/06	Cash	Ck#	Reserve Fund Ck#:1067			0.00	(10,309.98)	(10,309.84)
11/28/06	11/28/06	Cash	Journal	Redemption Money Market Deposit Account			0.00	10,309.84	0.00
12/08/06	12/08/06	Cash	Ck#	Reserve Fund Ck#:1062			0.00	(135.00)	(135.00)
12/11/06	12/11/06	Cash	Journal	Redemption Money Market Deposit Account			0.00	135.00	0.00
Closing balance									$0.00

Money Market Deposit Account Interest Credited

Begin Date	Balance	Number of Days	Interest Rate	Interest Accrued	MTD Accrued	MTD Paid
11/25/06	20,748.08	2	0.40	$ 0.45	$ 0.45	$ 0.00
11/27/06	10,438.24	4	0.40	0.46	0.91	0.91
12/01/06	10,484.82	7	0.40	0.80	0.80	0.00
12/08/06	10,349.82	22	0.40	2.50	3.30	0.00
Total interest income						$0.91

account #

AMERITRADE

Money Market Deposit Account Activity

Date Cleared	Check Number	Date Written	Transaction	Description	Tracking Code	Expense Code	Amount	Balanc
Opening balance								**$20748.08**
11/28/06		11/28/06	Td Bank Usa, Na Mmda Fdic Insrd,Not Covered By Sipc Redemption Money Market Deposit Account				$ (10,309.84)	10,438.24
11/30/06		11/30/06	Interest: Money Market Deposit Account				46.58	10,484.82
12/11/06		12/11/06	Td Bank Usa, Na Mmda Fdic Insrd,Not Covered By Sipc Redemption Money Market Deposit Account				(135.00)	10,349.82
12/29/06		12/29/06	Interest: Money Market Deposit Account				3.53	10,353.35
Closing balance								**$10353.35**

An investment in a money market fund is not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other government agency. Although the funds seek to preserve the value of your investment at $1.00 per share, it is possible to lose money by investing in a money market fund. Dividends are declared daily and paid/reinvested monthly. The prospectus contains this and other important information. To obtain a prospectus, please contact TD Asset Management at 800-934-4448. Read the prospectus carefully before investing. TD Asset Management, Inc. is a subsidiary of the Toronto-Dominion Bank. Toronto-Dominion Bank has an investment in TD AMERITRADE Holding Corporation publicly traded stock. TD AMERITRADE, Inc. is not responsible for the services or policies of TD Asset Management, Inc. TD Asset Management, Inc. investments reflected in your brokerage account are held by TD Asset Management, Inc. and are not covered by the Securities Investor Protection Corporation (SIPC) protection applicable to your brokerage account. Non-deposit investments held by your broker-dealer are NOT FDIC INSURED / NOT BANK GUARANTEED / MAY LOSE VALUE.

The Reserve Activity

Date Cleared	Check Number	Date Written	Transaction	Description	Tracking Code	Expense Code	Amount	Balance
Opening balance								**$0.00**
11/27/06	01067						$ (10,309.98)	(10,309.98)
12/08/06	01062						(135.00)	(10,444.98)
Closing balance								**$(10,444.98)**

An investment in a money market fund is not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other government agency. Although the funds seek to preserve the value of your investment at $1.00 per share, it is possible to lose money by investing in a money market fund. Dividends are declared daily and paid/reinvested monthly. The prospectus contains this and other important information. To obtain a prospectus, please contact The Reserve at 800-637-1700. Read the prospectus carefully before investing. TD AMERITRADE, Inc. is not responsible for the services or policies of The Reserve. The Reserve investments reflected in your brokerage account are held by The Reserve and are not covered by the Securities Investor Protection Corporation (SIPC) protection applicable to your brokerage account. Non-deposit investments held by your broker-dealer are NOT FDIC INSURED / NOT BANK GUARANTEED / MAY LOSE VALUE.

BUYS 06

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History & Statements

Transactions | Statements | Confirmations | Tax Center

Type: Buys

Symbol(s): Symbol lookup

(separate symbols with commas)

View last: 1 day 7 days 14 days 60 days

View date/range

from: January 1 2006

to: December 31 2006 View or Download

Account Balances

1/1/2006 Cash balance

12/31/2006 Cash balance

Net change

1/1/2006 Money market balance

12/31/2006 Money market balance

Net change

Request Account Documents

Duplicate statement

Duplicate trade confirmation(s)

Duplicate tax document

Annual trade summary

Search results for 1/1/2006 to 12/31/2006

Date/Time	Description	Amount	Net Cash Balance
01/06/2006 12:40:07	Bought 60 CMED @ 36.8916	-2,224.49	---
01/06/2006 12:40:36	Bought 100 TALX @ 51.3974	-5,150.73	---
02/06/2006 09:35:11	Bought 50 OVTI @ 24.88	-1,254.99	---
02/13/2006 09:31:40	Bought 1 BRK B @ 2,906	-2,916.99	---
02/13/2006 13:19:52	Bought 50 ANIK @ 11.57	-589.49	---
03/10/2006 09:30:24	Bought 10 ATK @ 75.09	-761.89	---
04/07/2006 12:20:03	Bought 1 BRK B @ 2,975.87	-2,986.86	---
04/11/2006 08:32:04	Bought 355.103 FNARX @ 28.02	-9,967.99	---
04/11/2006 08:33:35	Bought 661.13 USERX @ 15.05	-9,967.99	---
05/16/2006 08:35:40	Bought 280.584 TWMIX @ 8.91	-2,500.00	---
06/02/2006 09:30:09	Bought 50 PWR @ 17.25	-872.49	---
07/14/2006 10:33:18	Bought 50 WNR @ 20.66	-1,042.99	---
09/20/2006 09:30:36	Bought 1 BRK B @ 3,141	-3,150.99	---

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History & Statements

Transactions | Statements | Confirmations | Tax Center

Type: Sells

Symbol(s): Symbol lookup

(separate symbols with commas)

View last: 1 day 7 days 14 days 60 days

View date/range

from: January 1 2006

to: December 31 2006 View or Download

Account Balances

1/1/2006 Cash balance

12/31/2006 Cash balance

Net change

1/1/2006 Money market balance

12/31/2006 Money market balance

Net change

Request Account Documents

Duplicate statement

Duplicate trade confirmation(s)

Duplicate tax document

Annual trade summary

Search results for 1/1/2006 to 12/31/2006

Date/Time	Description	Amount	Net Cash Balance
01/06/2006 09:30:13	Sold 50 HDI @ 51.69	2,573.43	---
01/06/2006 09:32:23	Sold 50 LOW @ 65.7	3,273.90	---
01/06/2006 09:32:53	Sold 25 BSTE @ 50.05	1,240.22	---
02/06/2006 09:32:17	Sold 100 GE @ 32.85	3,273.90	---
04/07/2006 09:30:01	Sold 150 TALX @ 27.82	4,161.88	---
04/07/2006 09:30:02	Sold 60 CMED @ 28.06	1,672.55	---
04/07/2006 09:30:15	Sold 10 GOOG @ 412.56	4,114.48	---
04/07/2006 09:30:24	Sold 75 HWAY @ 50.25	3,757.64	---
04/07/2006 09:31:04	Sold 65 AAPL @ 70.97	4,601.91	---
04/07/2006 09:31:05	Sold 100 PCL @ 37.03	3,691.89	---
05/12/2006 13:08:14	Sold 25 CVX @ 61.59	1,529.71	---
07/14/2006 09:30:16	Sold 50 OVTI @ 18.06	892.98	---
07/14/2006 09:33:30	Sold 50 ANIK @ 9.9	484.99	---
09/15/2006 15:27:40	Sold 100 PETS @ 10.3245	1,022.42	---
10/17/2006 09:31:16	Sold 355.103 FNARX	9,225.30	---

11/03/2006	09:30:02	Sold 100 SLNK @ 9.08	897.98	---
11/03/2006	09:30:08	Sold 100 PETD @ 44	4,389.87	---
11/03/2006	09:30:09	Sold 40 CRDN @ 46.91	1,866.35	---
11/03/2006	09:30:09	Sold 50 PWR @ 17.1	844.98	---
11/03/2006	09:30:20	Sold 75 HWAY @ 42.39	3,169.16	---
11/03/2006	09:30:32	Sold 200 GRMN @ 46.84	9,357.72	---
11/03/2006	09:30:40	Sold 200 CERN @ 48.32	9,653.71	---
11/03/2006	09:30:57	Sold 85 ATK @ 77.5	6,577.30	---
11/03/2006	09:31:13	Sold 65 AAPL @ 79.33	5,146.30	---
11/03/2006	09:31:54	Sold 50 WNR @ 23.75	1,177.47	---
11/03/2006	09:32:30	Sold 100 XTO @ 46.51	4,640.86	---
11/03/2006	09:32:56	Sold 200 BRY @ 29.68	5,925.82	---
11/03/2006	09:33:30	Sold 3 BRK B @ 3,473	10,408.69	---
11/03/2006	09:34:08	Sold 62 UPS @ 74.37	4,600.80	---
11/03/2006	09:38:07	Sold 5 HGT @ 26.46	122.30	---
11/06/2006	10:08:20	Sold 280.584 TWMIX	2,603.99	---
11/06/2006	10:09:39	Sold 661.13 USERX	10,184.30	---

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Farmers State Bank, Tarkio, Missouri	Mortgage on Farm 1 (115 acres)		X								
	Farmers State Bank, Tarkio, Missouri	Mortgage on Farm 2 (240 acres)			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
Stanley Herzog/Herzog LLC	One-way transportation from Florida to Kansas City, MO after attending the Busch Grand National (NASCAR) race with a group of friends. A group of friends, including myself and Mr. Herzog attended this sporting event in an aircraft owned by his limited liability company. I only accompanied the group on the return trip. (Determination on personal friendship received from the Committee on Standards).	In excess of $250

Us additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	59th Annual Meeting and Convention of the National Business Aviation Association	Oct. 18-20 2006	Kansas City, MO to Orlando, FL, to Kansas City, MO	Y	Y	N	None

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Owner	Sam Graves Farms
Member	Small Town Investment Club

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2000	State of Missouri Employment Retirement System	State of Missouri Employee Retirement Program as a member of the Missouri General Assembly

GPO 2007 33-427 (mac)

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 4:40
MC OFFICE OF THE CLERK
(Office Use Only) HOUSE OF REPRESENTATIVES

(6)

Alexander Green
(Full Name)

7447 Cambridge, #109 Houston, TX 77054
(Mailing Address)

(202) 225-7508
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: TX District: 9th	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone wh files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ N ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ N ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ N ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☑ N ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ N ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules ar true, complete and correct to the best of my knowledge and belief.		05-15-07

SCHEDULE I - EARNED INCOME

Name Alexander Green

List the source, typ , and am unt f arned inc me from any s urc (ther than the filer's current employm nt by th U.S. Government) t taling $200 or mor during th prec ding cal ndar year. F r a spouse, list the s urc and amount f any honoraria; list only the source for ther sp us arned income xceeding $1,000.

Source	Type	Amount
Law Office of Benjamin L. Hall, III, LL.P	Deferred Compensation	-0-
State of Texas Texas County and Retirement System	Pension	$96,948

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander Green

BLOCK A **Asset and/or Income Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** indicate if asset had purchases (P), al (S), or exchanges (E) exceeding $1,000 in rep rting year.
350 G Street, SW, #N208 Washington, DC	$500,001 - $1,000,000	DC Residence	NONE	
7447 Cambridge, #105 Houston, TX	$100,001 - $250,000	RENT	$5,001 - $15,000	
7447 Cambridge, #107 Houston, TX	$100,001 - $250,000	RENT	$5,001 - $15,000	
7447 Cambridge, #124 Houston, TX	$100,001 - $250,000	RENT	$1,001 - $2,500	
Capital One Bank Houston, TX	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
Congressional Federal Credit Union Washington, DC	$50,001 - $100,000	INTEREST	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander Green

	Harris County, Texas Deferred Compensation Program	$100,001 - $250,000	Self Directed Pension Program: Variable Annunity Mutual Fund-SEI Index Fund S&P 500, American Century Ultra IC	NA	
	Morgan Stanley MM Account Houston, TX	$1 - $1,000	CAPITAL GAINS	$1 - $200	
	Morgan Stanley SEP IRA Houston, TX	$15,001 - $50,000	Morgan Stanley Proprietary Fund/Mutual Fund-American Opportunities Fund RETIREMENT	NA	
	Texas County & District Retirement System	$1,000,001 - $5,000,000	PENSION	NA/$96,948-(Schedule 1)	
	Unity National Bank Houston, TX	$1,001 - $15,000	INTEREST	$1,001 - $2,500	

SCHEDULE V - LIABILITIES

Name Alexander Green

R p rt liabiliti s f ov r $10,000 owed t any on creditor at any time during the rep rting p ri d by you, your sp us , or d pendent child. Mark the highest amount owed during th year. Exclud : Any mortgage on your personal residenc (unless all or part of it is rented out); loans cured by aut m bil s, household furniture, or appliances; and liabilities owed to a spous , or the child, parent, or sibling of you or your spouse. Rep rt "rev lving charge accounts" (i.e., credit cards) only if th balance at the ci se f th preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Bank of America Jacksonville, Florida	Mortgage on Washington, DC Residence (350 G Street, SW, #N208-Washington, DC)	$250,001 - $500,000

SCHEDULE IX - AGREEMENTS

Name Alexander Green

Identify the date, parties to, and general t rms of any agre ment or arrang m nt with respect to: future mploym nt; a leav of abs nc during the perl d of governm nt s rvice; c ntinuation or deferral of paym nts by a f rmer or current empl yer th r than the U.S. Government; or continuing participation in an empl y welfare r ben fit plan maintain d by a f rmer empl yer.

Date	Parties To	Terms of Agreement
4/14/2003	Law Offices od Benjamin L. Hall, III, LLP Houston, TX	Deferred Compensation Earned for Legal Services Rendered Prior to Entering Congress
1/31/2004	Texas County & District Retirement System	Defined Benefit Plan

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A — For use by Members, officers, and employees

HAND DELIVERED
2007 MAY 11 AM 9:23
MC
(Office Use Only)

Raymond Eugene 'Gene' Green
(Full Name)

P O Box 16128 Houston, TX 77222-6128
(Mailing Address)

281-999-5879
Daytime Telephone:

Filer Status: [x] Member of the U.S. House of Representative — State: TX — District: 29 — [ ] Officer Or Employee — Employing Office:

Report Type: [x] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

8

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x] No [ ]	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [x]	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x] No [ ]	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x] No [ ]	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [x]	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] N [x]	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x] N [ ]	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [x]	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [x] No [ ]	

Each question in this part must be answered and the appropriat schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [x]
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [x]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Raymond Eugene 'Gene' Green	5/10/07

SCHEDULE I - EARNED INCOME

Name Raymond Eugene 'Gene' Green

List the s urce, type, and amount f earned incom from any source (oth r than the filer's current employment by the U.S. Government) totaling $200 or m re during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the s urce for other spouse earned income exceeding $1,000.

Source	Type	Amount
Employees Retirement System of Texas	Legislative Pension	$51,575
Teachers Retirement System	Spouse Pension	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Raymond Eugene 'Gene' Green

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Am unt of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), r exchanges (E) exceeding $1,000 in reporting y ar.
JT	Bank of America	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
JT	Chase Bank (IRA's) (Allstate Preferred Preference Annuities)	$50,001 - $100,000	INTEREST	$201 - $1,000 Reinvested	
JT	InvesTexas Credit Union (formerly Aldine Teachers' Credit Union)	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Prudential Financial	$100,001 - $250,000	INTEREST & SPOUSE DEFERRED COMP	$1,001 - $2,500 Reinveste	
JT	Regions Bank (formerly Planters Bank) (IRA's)	$50,001 - $100,000	INTEREST	$1,001 - 2,500 Reinvested	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Raymond Eugene 'Gene' Green

JT	Common Stock, Prudential Financial (exchanged from Prudential Life Insurance Policy)	$1,001 - $15,000	DIVIDENDS	$1 - $200	E
JT	20.049 Acres Rural Land, Montgomery County, TX	$15,001 - $50,000	Other: None	NONE	
JT	Crosby State Bank	$100,001 - $250,000	INTEREST	$1,001 - $2,500	
SP	Allstate Retirement Annuity	$15,001 - $50,000	INTEREST & SPOUSE DEFERRED COMP	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Raymond Eugene 'Gene' Green

Report any purchase, sale or exchange by you, y ur spouse, r dependent child during the reporting year of any real property, stocks, bonds, comm ditl s futures, or oth r securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, y ur spouse, or your depend nt child, or the purchase or sal of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Prudential Financial	E	01-01-06	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Raymond Eugene 'Gene' Green

Identify the source and list travel itinerary, dates, and nature of xpenses provided for travel and travel-related expenses t taling mor than $305 received by you, your spous , r a dep ndent child during the reporting period. Indicate whether a family member accompanied the traveler at the spons r's expens , and the amount of time, if any, that was not at the sponsor's xpense. Disclosure is required regardless of wheth r the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, stat , and local governments, r by a f reign government r quired to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided t a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Congressional Program of the Aspen Institute	Jan. 8-12	Houston-Punta Mita, Mexico-Ft. Lauderdale, FL	Y	Y	Y	None
Commonwealth Fund/Alliance for Health Reform	Jan. 12-14	Ft. Lauderdale, FL-Houston	Y	Y	Y	None
South Atlantic & Gulf Coast District ILA	July 16-17	DC-Savannah, GA-DC	Y	Y	N	None

SCHEDULE IX - AGREEMENTS

Name Raymond Eugene 'Gene' Green

Identify th dat , parties t , and general terms f any agreement or arrangement with respect to: future employment; a leave of absence during th p riod of government service; continuation or d ferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or b n fit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
05/90	International Typographical Union	Pension Upon Retirement

FOOTNOTES

Name Raymond Eugene 'Gene' Green

Number	Section / Schedul	Footnot	This note refers to the following item
1	Schedule IV	Converted Life Insurance Policy to Common Stock Shares	Prudential Financial

LEGISLATIVE RESOURCE CEN
2007 MAY 15 PM 2:5
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U.S. HOUSE OF REPRESENTATIV
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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Raul Manuel Grijalva
(Full Name)

408 West Ohio Street Tucson, AZ 85714 — 202.225.2435
(Mailing Address) — Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: AZ, District: 07	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone wh files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		Yes ☐ No ☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**		Yes ☑ No ☐
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		Yes ☐ No ☑
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		Yes ☐ No ☑

Each question in this part must be answered and the appr priate schedule attached for each "Yes" response.

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Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

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Certification	Signature of R porting Individual	Dat (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attach d sch dules are true, complete and correct to th best of my knowledg and belief.	Raul M. Grijalva	05/15/2007

SCHEDULE I - EARNED INCOME

Name Raul Manuel Grijalva

List the source, type, and amount of earned income from any source (other than th filer's current employm nt by the U.S. Gov rnment) totaling $200 or more during the pr ceding calendar year. For a spouse, list the source and amount of any honoraria; list only the sourc for other spouse earned income exceeding $1,000.

Source	Type	Amount
City of Tucson Supplemental Retirement System	Spouse Pension	$0

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Raul Manuel Grijalva

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) *any other asset or source of income which generated more* than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if *asset did not generate* any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	10003 E. Country Shadows Dr; Tucson, AZ	$50,001 - $100,000	Other: Footnote 1	$0	Other
JT	3426 S. 9th Avenue Tucson, AZ	$50,001 - $100,000	RENT	$1 - $200	Other
SP	Allianz Value Mark IV	$15,001 - $50,000	Other: Footnote 2	$15,001 - $50,000	Other
	Arizona State Retirement System	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Citizens Communications Co	$1,001 - $15,000	CAPITAL GAINS	NONE	S
SP	Dell, Inc	$1 - $1,000	CAPITAL GAINS	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Raul Manuel Grijalva

SP	Fidelity Advisor Mid Cap Fund Class A	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	Other
SP	Home Depot, Inc	$1,001 - $15,000	CAPITAL GAINS	NONE	S
SP	Humana Inc - New	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	PS
SP	Japan Index Fund	$1,001 - $15,000	CAPITAL GAINS	$1 - $200	S
SP	John Hancock Regional Bank FD Class A	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Medicis Pharmaceutical Corp	$1,001 - $15,000	CAPITAL GAINS	NONE	S
	Public Safety Personnel Retirement System, Phoenix, AZ	$15,001 - $50,000	INTEREST	$1 - $200	Other
SP	Terex Corp -New	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	PS
SP	Tucson Supplemental Retirement System: Tucson, AZ	$50,001 - $100,000	INTEREST	$1,001 - $2,500	Other
SP	Valero Energy Corp - New	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	PS
SP	Washington Mutual Investors Fund Class A	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	Other

SCHEDULE IV - TRANSACTIONS

Name Raul Manuel Grijalva

Report any purchase, sal or exchang by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities wh n th amount of the transaction or series of transactions exceeded $1,000. Include transactions that result d in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Fidelity Advisor Mid Cap Fund Class A	Other	10/27/2003	$1,001 - $15,000
SP	Humana Inc - New	PS	3/20/06-8/24/06	$1,001 - $15,000
SP	Terex Corp -New	PS	8/11/06-10/3/06	$1,001 - $15,000
SP	Valero Energy Corp - New	PS	2/9/06-8/2/06	$1,001 - $15,000
SP	Dell, Inc	S	12/09/05 -3/29/06	$1,001 - $15,000
SP	Citizens Communications	S	8/12/05-6/27/06	$1,001 - $15,000
SP	Home Depot	S	7/15/05-5/14/06	$1,001 - $15,000
SP	Japan Index Fund	S	12/16/05-6/2/06	$1,001 - $15,000
SP	Medicis Pharmaceutical Corp	S	1/18/05-3/20/06	$1,001 - $15,000
SP	John Hancock Regional Bank FD Class A	P	10/27/03	$1,001 - $15,000
SP	Washington Mutual Investors Fund Class A	P	10/27/03	$1,001 - $15,000
SP	Allianz Value Mark IV	Other	12/22/2005	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Raul Manuel Grijalva

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans s cur d by automobiles, household furniture, or applianc s; and liabiliti s ow d to a spouse, or the child, parent, or sibling of you or your spouse. R port "revolving charge accounts" (i.e., cr dit cards) only if th balanc at the close of the preceding calendar y ar exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Wright Patman Credit Union	Credit Card	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Raul Manuel Grijalva

Identify the source and list trav l itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dep ndent child during th reporting period. Indicate whether a family member accompanied the travel r at th sponsor's expense, and the amount of time, if any, that was not at the sponsor's xpense. Disclosure is required regardless of wheth r th expenses were reimbursed or paid dir ctly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately r ported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expens
National Education Association	June 30-July 2, 2006	DC-Orlando-Tucson	Y	Y	N	None

FOOTNOTES

Name Raul Manuel Grijalva

Number	Section / Schedule	Footnote	This note refers to the following it m
1	Schedule II	Mrs. Grijalva just became aware that she is not on the deed of this rental property, and thus not liable for it.	Property at 10003 E. Country Shadows Dr.
2	Schedule II	An Annuity	Allianz Value Mark IV

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Ralph M. Hall
(Full Name)

2405 Rayburn House Office Building Washington, DC 20505
(Mailing Address)

202-225-6673
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: TX District: 4th ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Ralph M. Hall	5-15-07

1573

SCHEDULE I - EARNED INCOME

Name Ralph M. Hall

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding cal ndar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earn d incom exceeding $1,000.

Source	Type	Amount
State of Texas	Legislative Pension	$65,748

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Ralph M. Hall

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Crowley Holding Company Crowley, Texas Banking	$500,001 - $1,000,000	DIVIDENDS	$15,001 - $50,000	
Lakeside Bancshares, Inc. Rockwall, Texas Banking	$500,001 - $1,000,000	DIVIDENDS	$50,001 - $100,000	
Lakeside National Bank Rockwall, Texas Banking	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
North & East Trading Company Rockwall, Texas Real Estate	$250,001 - $500,000	None	NONE	
152 Acres Hunt County, Texas Farm	$100,001 - $250,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Ralph M. Hall

SP	22 Acres Kaufman & Henderson County, Texas Rural Land	$100,001 - $250,000	None	NONE	
	310 E. Capital Street NW, Apt. A, Washington, DC Residence	$100,001 - $250,000	None	NONE	
	Oil Interest Caddo Parrish, La	$1,001 - $15,000	None	NONE	
	4 Acres, Sunset Hill Rockwall, Texas Residence	$100,001 - $250,000	None	NONE	
	1500 Sunset Hill Rockwall, Texas Residence	$500,001 - $1,000,000	None	NONE	

SCHEDULE V - LIABILITIES

Name Ralph M. Hall

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ow d during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or applianc s; and liabiliti s ow d to a spouse, or the child, parent, or sibling of you or your spouse. Report "r volving charge accounts" (i. ., credit cards) only if the balance at the close of the preceding calendar year exceed d $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	North & East Trading Company Rockwall, Texas	Business Borrowings	$100,001 - $250,000

SCHEDULE VIII - POSITIONS

Name Ralph M. Hall

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business nterpris , any nonprofit organization, any labor organization, or any ducational or other institution other than the United States. Exclud : Positions held in any religious, social, fraternal, or political entiti s; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman & Director (unpaid)	Crowley Holding Company Crowley, Texas
Chairman & Director (unpaid)	Bank of Crowley Crowley, Texas
President & Director (unpaid)	Lakeside Bancshares, Inc. Rockwall, Texas
Chairman & Director (unpaid)	Lakeside National Bank Rockwall, Texas
Chairman & Director (unpaid)	North & East Trading Company Rockwall, Texas
Chariman & Director (unpaid)	Linrock, Inc. Rockwall, Texas

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Philip G Hare
(Full Name)

3805 44th Street Rock Island, IL 61201 — (Mailing Address)

202-225-5905 — Daytime Telephone

Filer Status: [x] Member of the U.S. House of Representative — State: IL — District: 17 — [ ] Officer Or Employee — Employing Office

Report Type: [x] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who fil s more than 10 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x] No [ ]	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [x]	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ] No [x]	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [x]	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x] No [ ]	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [x]	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [x]	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [x]	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [x]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes [ ] No [x]
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes [ ] No [x]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Philip G Hare	5-15-07

SCHEDULE I - EARNED INCOME

Name Philip G Hare

List the source, type, and amount of earned income from any source (other than the filer's curr nt employment by the U.S. Government) totaling $200 or m re during th preceding calendar year. For a spouse, list the source and amount of any honoraria; list nly the source for other spouse earned incom xc ding $1,000.

Source	Type	Amount
Rep. Lane Evans, U.S House of Reps	Staff Salary	$71,592
Spouse/ Rock Island County, Illinois	Salary	N/A

SCHEDULE V - LIABILITIES

Name Philip G Har

R port liabilities of ov r $10,000 ow d to any one creditor at any time during the reporting period by you, your spouse, or d pendent child. Mark th highest amount w d during th y ar. Exclude: Any mortgage on y ur p rsonal residence (unl ss all or part of it is rented out); loans secured by autom biles, household furniture, or appliances; and liabiliti s owed to a spouse, or the child, parent, or sibling of you or your spouse. R p rt "revolving charg accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	U.S Department of Education	Student Loans	$15,001 - $50,000

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

JANE HARMAN
(Full Name)

2321 E ROSECRANS BOULEVARD SUITE 3270 EL SEGUNDO CALIFORNIA 90245 310-643-3636
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State CA District 36th	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files mor than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] N [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Jane Harman	5/14/07

1582

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	HARMAN INTERNATIONAL INDUSTRIES INC	Spouse Salary	NA

For payments to charity in lieu of h noraria, use Schedul II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: JANE HARMAN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples: SP Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
	BANK ACCOUNTS:																															
JT	City National Bank Beverly Hills CA						X								X		X									X						
JT	Citibank New York NY				X												X					X										
	EQUITIES:																															
SP	Harman International Industries-Common												X		X			X												X	S
SP	Harman International Industries-Options												X	X							X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
	Putnam Intl Grwth Cl A Fnd						X								X										X								
	Fidelity Ca Muni MMF			X											X								X										
SP	Sidney Harman 1987 Rev Tr	SEE SCHEDULE A ATTACHED																															P,S
	Managed Accounts																																
JT	Sidney Harman 1987 Rev Tr	SEE SCHEDULE B ATTACHED																															P,S
	Managed Accounts																																
SP	Sidney Harman Charitable	SEE SCHEDULE C ATTACHED																															P,S
	Remainder Trust																																
JT	Jane Harman 25Year Grantor	SEE SCHEDULE D ATTACHED																															P,S
	Income Trust																																
	The Lakes Descendants Trust									X					X		X	X										X					
	(See Attachment 9)																																
	REAL ESTATE LIMITED																																
	PARTNERSHIPS:																																
SP	Archon Core Plus RE Fnd 2005									X				X						Ptshp	X												P
	LP (See Attachment 1)																																
SP	JBG Investment Fund I LP							X						X						Ptshp	X												
	(See Attachment 6)																																
SP	JBG Investment Fund II LP						X							X						Ptshp	X												
	(See Attachment 7)																																
JT	JBG Investment Fund V LLC									X				X						Ptshp	X												P
	(See Attachment 8)																																

This pag may be copi d if mor space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Peabody Intl RE Ptnrs LLC						X													Ptshp									X			
	(See Attachment 12)																															
	INVESTMENT LIMITED PARTNERSHIPS:																															
SP	Arsenal Cap Ptnrs Qualified								X											Ptshp									X			P
	Purchaser Fund LP																															
	(See Attachment 2)																															
JT	GS Direct Strategies Fund									X				X						Ptshp	X											P
	2006 LLC (See Attachment 5)																															
JT	GS GMS Alpha + Advisers I										X									Ptshp									X			P
	(Horizon) (Global value)																															
JT	GS GMS Alpha + III Global									X										Ptshp									X			P
	Equity Port (cap preservation)																															
JT	GS GMS Alpha + IV Portfolio									X										Ptshp									X			P
	(All cap, sectors & industry)																															
JT	GS GMS IntlEq Advisers III										X									Ptshp									X			P
	(Wm Blair) LLC (Foreign Grwth)																															
JT	GS Mezzanine Ptnrs 2006 LP							X												Ptshp						X						P
	(See Attachment 4)																															
JT	GS TACS-Advantaged Global										X			X						Ptshp	X											P
	Alpha Fnd LLC (Lg Cap Index)																															
SP	Greenbriar Equity Funds LP								X											Ptshp								X				P
	(Pvt co's transportation)																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Ass t and/or Incom Sourc	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Greycroft Partners LP					X								X						Ptshp	X											P
	(See Attachment 3)																															
SP	Patricof Pvt Investment				X															Ptshp					X							
	Club LP (See Attachment 10)																															
SP	Patricof Pvt Investment					X								X						Ptshp	X											
	Club II LP (See Attachment 11)																															
SP	Pilgrim America High Income						X													Ptshp				X								S
	Invvmt Ltd (See Attachment 13)																															
SP	Premier Pacific Vineyards						X													Ptshp						X						
	LP (Vineyards & wine making																															
	facilities N CA & Oregon)																															
SP	Rhone Partners LP				X															Ptshp									X			
	(See Attachment 14)																															
SP	Rhone Partners II LP								X											Ptshp									X			P
	(See Attachment 15)																															
SP	Rhone Partners III LP						X							X						Ptshp	X											P
	(See Attachment 16)																															
SP	Selectinvest LP (Attch 17)										X									Ptshp									X			
SP	Selectinvest + LP (Attch 17)									X										Ptshp									X			
SP	Taconic Cap Partners LP									X										Ptshp									X			
	(Var Investments and Hedge																															
	Fund Positions)																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	TWP CEO Founders' Circle							X												Ptshp						X						
	(QP) LP (Var Grwth Companies)																															
SP	HJ Books LLC (Book Devlpmnt)					X								X						Ptshp	X											
SP	Harman International Ind							X						X							X											
	Inc Retirement Plan (Not																															
	self directed) Held at																															
	Putnam Investments																															

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SCHEDULE IV — TRANSACTIONS

Name JANE HARMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
SP	Sidney Harman 1987 Revocable Trust		SEE SCHEDULE E ATTACHED												
JT	Sidney Harman 1987 Revocable Trust		SEE SCHEDULE F ATTACHED												
SP	Sidney Harman Charitable Remainder Trust		SEE SCHEDULE G ATTACHED												
JT	Jane Harman 25Year Grantor Income Trust		SEE SCHEDULE H ATTACHED												
SP	Archon Core Plus Real Estate Fund 2005 LP	X			7 Transactions							X			
SP	Arsenal Capital Partners	X			12/13/06			X							
JT	GS Direct Strategies 2006 Fund LLC	X			3/1/06							X			
JT	GS GMS Alpha + Advisers 1 (Horizon) Cl 2	X			2 Transactions								X		
JT	GS GMS Alpha + III Global Equity Portfolio	X			1/31/06							X			
JT	GS GMS Alpha + IV Portfolio	X			2/28/06							X			
JT	GS GMS Intl Equity Advisers 3 (Wm Blair)	X			2/28/06							X			
JT	GS TACS-Advantaged Global Alpha Fund LLC	X			3/1/06								X		
JT	GS Mezzanine Partners 2006 LP	X			4 Transactions					X					
SP	Greenbriar Equity Fund LP	X			2 Transactions			X							
SP	Greycroft Partners LP	X			2 Transactions			X							
JT	JBG Investment Fund IV LLC	X			3 Transactions							X			

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SCHEDULE IV — TRANSACTIONS

Nam JANE HARMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–06		X								
SP	Rhone Partners II LP	X			1/17/06	X									
SP	Rhone Partners III LP	X			2 Transactions				X						
SP	Harman International Industries-Common		X		1/31/06										X
SP	Pilgrim America High Income Investment Ltd		X		2 Transactions				X						

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	The Tobin Project	June 24	DC - Cambridge MA	N	Y	N	None

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Jane Harman 25 Year Grantor Income Trust
Trustee	The Lakes Descendants Trusts
Trustee	The Lakes Descendants Non-Exempt Trusts
Trustee	Advisory Board UCLA School of Public Policy and Social Research
Member	Advisory Committee to Dean of Harvard Law School
Vice-President	The Harman Family Foundation
Trustee	Smith College (ON Leave)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

JANE HARMAN
Financial Disclosure Statement
December 31, 2006

Disclosure Regarding Limited Partnership Interests and Use of Alternative Valuation Methods:

Two basic methods have been used to determine the value of each partnership interest. These methods differ as a result of the information available at the date of filing.

Method 1

Where market value statements were available, the value was determined by applying the ownership percentage of the reporting individual to the total value of the capital account reserved for limited partners. Method 1 was implemented with regard to Archon Core Plus Real Estate Fund 2005 LP; Arsenal Capital Partners Qualified Purchaser Fund LP; GS Mezzanine Partners 2006 LP; Greycroft Partners LP; Lakes Investment LLC; Patricof Private Investment Club LP, Patricof Private Investment Club II LP, Pilgrim America High Income; Rhone Partners LP; Rhone Partners II; Rhone Partners III LP; Selectinvest LP and Selectinvest Plus LP.

Method 2

In some cases market value financial statements were not available. Accordingly, the ending capital balance for the reporting individual was used to value the partnership interest. This method was applied with regard to Goldman Sachs Global Manager Strategies Managed Portfolios LLC's; Greenbriar Equity Funds LP; HJ Books LLC; JBG Investment Fund I LP; JBG Investment Fund II LP; JBG Investment Fund V LLC; Peabody International Real Estate Partners LLC, Premier Pacific Vineyards LP, Taconic Capital Partners LP and TWP CEO Founders Circle Fund.

JANE HARMAN
Financial Disclosure Statement
December 31, 2006

Attachment 1 – Archon Core Plus Real Estate Fund 2005 LP Detail of Holdings

Various interests in real estate properties held are as follows:

Savannah Apartments – Multifamily
Missions at Rancho Del Oro – Multifamily
Aventine at Courthouse Square – Multifamily
Broadstone at Strawberry Creek – Multifamily
Bala Sands – Multifamily
La Mirage – Multifamily
Dobson Town Centre – Multifamily
Prestige Portfolio – Multifamily
Pine Lakes Apartment – Multifamily
226 Causeway – Office
Portofino Apartments – Multifamily

Attachment 2 – Arsenal Capital Partners Qualified Purchaser Fund LP Detail Of Investment Positions

Description	Category of Market Value
Interdynamics Holdings Inc	$50,001 - $100,000
Renaissance Mark Holdings Corp	$50,001 - $100,000
TallyGenicom Holdings LLC	$100,001 - $250,000
SPL Holdings LLC	$1,001 - $15,000
Priority Solutions Inc	$50,001 - $100,000
Sermatech Intl Holdings Corp	$100,001 - $250,000
Velsicol Holdings Corp	$15,001 - $50,000
Leis Medical Holdings Corp	$15,001 - $50,000
Vertellus Specialties Inc	$250,000 - $500,000
Cash and Other	$50,001 - $100,000

JANE HARMAN
Financial Disclosure Statement
December 31, 2006

Attachment 3 – Greycroft Partners LP Detail of Investment Holdings

The partnership is engaged in venture capital investing in early stage revenue producing companies with emphasis on applications of digital media in wireless and internet arena. The partnership held investments in seven portfolio companies as of December 31, 2006 as follows:

Azureus Inc
Content Next Media Inc
Doppelganger Inc
M5 Networks Inc
Pump Audio Inc
Takkle Inc
TheHuffingtonPost.com Inc

Attachment 4 – GS Mezzanine Partners 2006 LP Detail of Investment Positions

Description	Category of Market Value
Americas	
Acosta Inc	$1,001 - $15,000
Berry Plastics Corporation	$1,001 - $15,000
ERICO International Corporation	$1,001 - $15,000
Kranson Industries Inc	$1,001 - $15,000
PETCO Animal Supplies Inc	$1,001 - $15,000
Sagittarius Brands Inc	$1,001 - $15,000
Unifrax Corporation	$1,001 - $15,000
Europe	
Brenntag Beteiligungs GmbH	$1,001 - $15,000
Casema BV –Multikabel BV-Kabelcom BV	$1,001 - $15,000
FL Selenia SpA	$1,001 - $15,000
Gambro AB	$1,001 - $15,000
ISS A/S	$1,001 - $15,000
Materis SAS	$1,001 - $15,000
PagesJaunes Groupe SA	$1,001 - $15,000
United Biscuits plc	$1,001 - $15,000

JANE HARMAN
Financial Disclosure Statement
December 31, 2006

Attachment 5 – GS Direct Strategies 2006 Fund LLC Detail of Hedge Fund Positions

Description	Category of Market Value
Goldman Sachs Global Alpha Fund	$250,001 - $500,000
Goldman Sachs Total GTAA Strategy Fund	$50,001 - $100,000
Goldman Sachs US Equity Opportunities Fund	$500,001 - $1,000,000
Goldman Sachs Liquid Trading Opportunities Fund	$250,001 - $500,000
Goldman Sachs Global Opportunities Fund	$100,001 - $250,000
Goldman Sachs Emerging Markets Opportunities Fund	$250,001 - $500,000

Attachment 6 – JBG Investment Fund I LP Detail of Holdings

Various interests in real estate properties held are as follows:

Office Properties-
- DOT Headquarters, Washington DC
- Silver Spring (M&S) Office, Silver Springs MD
- Blue Capital JV, Montgomery Co, MD
- Reston Office, Faifax Co, VA

Residential Properties-
- 1210 Mass Ave, NW Development, Washington DC
- 2400 M Street, NW, Washington DC
- 1111 25th Street, Washington DC
- 915 E Street NW, Washington DC
- Silver Spring (AT&T), Silver Spring MD
- Silver Spring (M&S) – Residential, Silver Spring MD
- Reston Square Residential, Reston VA
- 555 Mass Avenue, NW (Res), Washington DC
- 1700 Duke Street, Alexandria VA
- Market Square (Kodak & TA Site), Gaithersburg MD
- Woodmont, Montgomery Co MD

Mixed Use Properties-
- Waterview, Arlington VA
- Twinbrook Metro Park, Montgomery Co MD
- Central Place, Arlington VA

Hotel Properties-
- Hampton Inn, Washington DC
- The Westin, Fairfax VA

Jane Harman
Financial Disclosure Statement
December 31, 2006

Attachment 7 – JBG Investment Fund II LP Detail of Holdings

Various interests in real estate properties held are as follows:

Office Properties-
Rosslyn Gateway, Arlington Co VA
Woodglen, Montgomery Co MD
Blue Capital JV, Montgomery Co, MD

Residential Properties-
Hickory Place, Prince Georges Co MD
Mallard Courts, Alexandria VA

Attachment 8 – JBG Investment Fund V LLC Detail of Holdings

Various interests in real estate properties held are as follows:

Land-
Rosslyn Commons, Arlington VA
North Glebe Residential/Office, Arlington VA
SW Waterfront, Washington DC

Office Properties-
4733 Bethesda Avenue, Montgomery MD
Twinbrook Metro Park, Montgomery MD
Courthouse Metro, Arlington VA
1831 Wiehle Avenue, Fairfax VA
Reston International Ctr, Fairfax VA
Reston Office, Fairfax VA
Capitol Square, Washington DC

Residential Properties-
Dominion, Arlington VA
Fairmont, Fairfax VA
Fairways I, Fairfax VA
Fairways II, Fairfax VA
Brookdale, Alexandria VA
Hillwood, Alexandria VA
Stoneridge, Alexandria VA

JANE HARMAN
Financial Disclosure Statement
December 31, 2006

Attachment 8 – JBG Investment Fund V LLC Detail of Holdings
(Continued)

Lynbrook, Alexandria VA
Meadowcreek, Alexandria VA
Willow Run, Alexandria VA
Town Square @ Millbrook, Alexandria VA

Retail Properties-
Bowie Marketplace, Prince George MD
Pike Shopping Ctr, Montgomery MD
The Shops at Mark Ctr, Alexandria VA
Reston Convenience Ctr, Faifrax VA

Hotel Properties-
Bethesda N Marriott Hotel, Montgomery MD
The Weston-Reston Heights, Fairfax VA

Attachment 9 – Lakes Descendants Trusts Detail of Investment Positions

Investment positions held at the end of the year in the Lakes Descendants Trusts are as follows:

Lakes Investment LLC

Description	Category of Market Value
Bear Stearns Private Client – MMF	$50,001 - $100,000
Equities:	
Berkshire Hathaway Inc	$100,001 - $250,000
DTS Inc	$1,001 - $15,000
Harman International Ind	$250,001 - $500,000
Penn Virginia Corp	$15,001 - $50,000
Fidelity Investment Trust	$250,001 - $500,000

JANE HARMAN
Financial Disclosure Statement
December 31, 2006

Attachment 9 – Lakes Descendants Trusts Detail of Investment Positions (Continued)

Description	Category of Market Value
Partnerships:	
Castle Advisors Hedge Fund	$500,001 - $1,000,000
Capital Q Restaurants LLC	$50,001 - $100,000
California Tax Exempt Municipal Bonds:	
CA State G/O 10/1/92	$1,001 - $15,000
CA State Var Purp TCRS	$1,001 - $15,000
CA State Pub Wks Brd Lse 4/1/96	$1,001 - $15,000
CA State Pub Wks Brd Lse 8/1/93	$1,001 - $15,000
CA Statewide Cmmntys Dev 3/30/04	$100,001 - $250,000
Chico CA Pub Fin Auth Tax	$1,001 - $15,000
Culver City CA GO USD	$1,001 - $15,000
Kern CO CA Brd Ed CTFS	$1,001 - $15,000
Lemoore CA Uni High Sch Dist RFDG	$1,001 - $15,000
Loomis CA Un Sch Dist G/O	$15,001 - $50,000
LA CO CA Met Transn Sls Tx	$1,001 - $15,000
LA CO CA Pub Wrks Fin Auth Lse	$1,001 - $15,000
Metropolitan WTR Dist So CA Wtrwks	$1,001 - $15,000
Montebello CA Cmnty Redev Agy 6/1/97	$15,001 - $50,000
New Haven CA USD	$100,001 - $250,000
Parlier CA USD Ser B	$1,001 - $15,000
Pleasanton CA USD Ser J	$1,001 - $15,000
Pleasanton CA USD Ser K	$1,001 - $15,000
Port Oakland CA Port Rev	$1,001 - $15,000
Porterville CA CRFS Partn Swr Sys	$1,001 - $15,000
Sacramento CA MUD Elec Rev	$1,001 - $15,000
Saddleback Vy USD	$1,001 - $15,000
San Rafael CA Redev Agy Tax	$50,001 - $100,000
Santa Clara Vy CA Wtr Dist	$15,001 - $50,000
Santa Rosa CA Hosp Rev	$1,001 - $15,000
Turlock CA Irr Dist Rev	$1,001 - $15,000

JANE HARMAN
Financial Disclosure Statement
December 31, 2006

Attachment 10 - Patricof Private Investment Club, LP Detail of Investment Positions

Description	Category of Market Value
Marketable Securities:	
Savaria Corporation	$1 - $1,000
Non-Marketable Securities:	
Peregrine Semiconductor Corporation	$1,001 - $15,000

Attachment 11 - Patricof Private Investment Club II, LP Detail of Investment Positions

Description	Category of Market Value
Marketable Securities:	
RITA Medical	$1,001 - $15,000
Non-Marketable Securities:	
Freedom Scientific Inc	$1,001 - $15,000
IntraLinks Inc	$1,001 - $15,000
Paladin Holdings Inc	$1 - $1,000
Performance Inc	$1,001 - $15,000
Prometheus	$1,001 - $15,000

Attachment 12 – Peabody International Real Estate Private Partners LLC Detail of Holdings

Various investments in commercial real estate properties and companies located outside the United States as follows:

Investment	Type	Location
HPE Property Holding GmbH	Commercial/Residential Developer	Germany
Madrid Palace	Residential Conversion	Spain
Alitalia Headquarters	Office Building Developer	Italy

JANE HARMAN
Financial Disclosure Statement
December 31, 2006

Attachment 12 – Peabody International Real Estate Private Partners LLC Detail of Holdings (Continued)

Investment	Type	Location
Inversiones y Representaciones SA IRSA	Diversified Operator/Developer	Argentina
Italian Retail Malls and Shops	Retail Properties	Italy
Levallois-Perret Golden Crescent	Office Properties	France

Attachment 13 – Pilgrim America High Income Detail of Investment Position

Description	Category of Market Value
Capital Note due 2009	$100,001 - $250,000

Attachment 14 – Rhone Partners, LP Detail of Investment Positions

Description	Category of Market Value
Terphane Holding Corp (Brazil)	$15,001 - $50,000

Attachment 15 – Rhone Partners II, LP Detail of Investment Positions

Description	Category of Market Value
Fraikin Goupe (FR)	$100,001 - $250,000
Chelsea Stores (UK)	$50,001 - $100,000
Marco Polo	$100,001 - $250,000
Rexair LLC (USA)	$100,001 - $250,000
Intl Sailing Boats Srl (Italy)	$100,001 - $250,000

JANE HARMAN
Financial Disclosure Statement
December 31, 2006

Attachment 16 – Rhone Partners III, LP Detail of Investment Positions

Description	Category of Market Value
LWB Refractions (Germany)	$100,001 - $250,000

Attachment 17 – Selectinvest LP & Selectinvest Plus LP Detail of Investment Positions

Description	Category of Market Value
Multi-Strategy	
DE Shaw Comp	$250,001 - $500,000
HBK	$250,001 - $500,000
Magnetar	$250,001 - $500,000
Citadel	$100,001 - $250,000
Event Driven Multi Strategy	
OZ Europe	$250,001 - $500,000
Frarallon	$250,001 - $500,000
Brencourt MS	$100,001 - $250,000
OZ Domestic	$250,001 - $500,000
Davidson Kempner	$250,001 - $500,000
Castlerigg	$250,001 - $500,000
Centaurus Alpha	$250,001 - $500,000
OZ Asia	$100,001 - $250,000
Satellite	$100,001 - $250,000
Perry	$250,001 - $500,000
Event Driven Equity	
Atticus European	$250,001 - $500,000
Third Point	$100,001 - $250,000
Canyon Balance Equity	$100,001 - $250,000
Brencourt Arb	$100,001 - $250,000
Icahn	$100,001 - $250,000

JANE HARMAN
Financial Disclosure Statement
December 31, 2006

Attachment 17 – Selectinvest LP & Selectinvest Plus LP Detail of Investment Positions (Continued)

Description	Category of Market Value
Event Driven Credit	
Cerberus	$100,001 - $250,000
Silver Point	$250,001 - $500,000
GSO Origination	$100,001 - $250,000
King Street	$100,001 - $250,000
Columbus Hill	$100,001 - $250,000
Fixed Income Trading, Arbitrage and Relative Value	
Highland	$50,001 - $100,000
Endeavour	$100,001 - $250,000
Fixed Income Credit Trading	
Golden Tree HY	$100,001 - $250,000
Fixed Income Macro Driven	
Bluecrest Capital	$250,001 - $500,000
Opportunistic	
Ascot	$250,001 - $500,000
Lancelot	$250,001 - $500,000
Marathon Real Estate	$250,001 - $500,000
Styx	$250,000 - $500,000
Renaissance	$100,001 - $250,000
Drake Global	$100,001 - $250,000
Drawbridge	$100,001 - $250,000
BlueCrest Emg Mkt	$100,001 - $250,000

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B											BLOCK C						BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset											Type of Income						Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	*Goldman Sachs (GS)- Brokerage Account*																													
SP	GS Financial Square Tax Free MMF								X						X											X				
SP	Goldman Sachs Ultra-ST Durat Govt	X											X														X			P,S
SP	Goldman Sachs Grp 0% 6/5/09 Nikkei Bfrd	X														X												X		S
SP	Goldman Sachs Core Fixed Inc Mutual Fnd							X					X													X				P,S
SP	GS Govt Income Mutual Fund Cl I									X			X													X				P
SP	Goldman Sachs High Yld Muni Bnd	X											X										X							
SP	Apple Computer								X											X										
SP	McGraw Hill Cos Inc					X							X									X								
SP	Plantronics Inc					X							X									X								P
SP	Stanley Works				X								X									X								
SP	Exportfinans 0% 7/18/07									X										X										P
SP	PARS- III Hlth Facs 8/15/21	X														X							X							S
SP	PARS-Reno NV 6/1/32	X														X									X					S
SP	PARS-IN St Fin Auth 2/1/35	X														X										X				S
SP	PARS-Mercer N Dakota 9/1/28	X														X							X							S
SP	PARS-Montgomery Ohio Co 11/15/33	X														X							X							S
SP	PARS-N Mexico 2/1/34	X														X								X						S
SP	PARS-N Carolina Mun Pwr 1/1/18	X														X								X						S
SP	PARS-Tarrant Co TX Hlth 12/1/30	X														X								X						S
SP	PARS-Tulsa Cnty OK Indl Auth 12/15/27	X														X						X								P,S
SP	PARS-Pennsylvania Indl Dev Auth 1/1/14	X														X							X							S
SP	*Goldman Sachs - Boston Company Account*																													
SP	GS Financial Square Tax Free MMF																													
SP	ABN Amro Hlds NV ADR					X							X										X							P
SP	Aegon NV Amer Reg ADR					X														X										P
SP	Aeon Co Ltd ADR						X						X									X								P
SP	Aiful Corporation ADR					X							X									X								P,S
SP	Ajinomoto Inc ADR	X											X			X									X					P,S
SP	Allianz Aktiengesellschaft ADR					X							X			X								X						S
SP	Alps Electric Ltd ADR	X											X			X						X								S
SP	Amcor Ltd ADR						X						X											X						P
SP	Ashai Kasei Corp					X							X			X								X						P,S
SP	BAA PLC Spon ADR	X											X			X										X				P,S
SP	BAE Systems PLC ADR	X											X			X										X				S
SP	Banco Bilbao Vizcaya SA ADR				X															X										P
SP	Banco Santander Central Hispano SA ADR				X								X			X									X					P,S
SP	Bank of East Asia Ltd ADR	X											X			X										X				P,S
SP	Bank of Ireland Spon ADR					X							X			X										X				P,S
SP	Barclays PLC ADR					X							X			X									X					P,S
SP	Benetton Group SPA ADR	X														X									X					P,S
SP	BNP Paribas ADR					X							X			X										X				P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D												BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income												Trnscn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	BOC Hong Kong Ltd ADR				X									X									X										P
SP	Boots Group PLC ADR	X												X													X						P,S
SP	BT Group PLC ADR	X												X			X										X						P,S
SP	Cadbury Schweppes PLC ADR					X								X									X										P
SP	Canon Inc ADR					X								X			X										X						P,S
SP	Centrica PLC ADR					X								X			X										X						P,S
~~SP~~	~~CIBA Specialty Chemicals ADR~~						X							X			X								X								P,S
SP	Citic Pacific Ltd ADR				X									X										X									P
SP	Coca Cola Femsa SA ASR					X								X									X										P
SP	Coca Cola Amatil Ltd ADR					X								X									X										P
SP	Credit Suisse Group ADR				X																X												P
SP	DBS Group Hldgs ADR						X							X			X										X						P,S
SP	Deutsche Bank AG				X									X			X										X						P,S
SP	Deutsche Lufthansa AG ADR	X												X			X										X						P,S
SP	Deutsche Telekom AG ADR					X								X											X								P
SP	E.On E AG ADR					X								X			X										X						P,S
SP	Endesa SA ADR	X												X			X									X							S
SP	Enel SPA ADR				X									X											X								P,S
SP	Energias/Electricidade De Portugal SA ADR	X												X			X									X							P,S
SP	ENI SPA ADR					X								X											X								
SP	Fortis NL ADR					X								X											X								P
SP	France Telecom SA ADR						X							X												X							P,S
SP	Friends Provident PLC ADR				X									X									X										P
SP	Fujifilm Holdings Corp ADR						X										X									X							S
SP	Fuji Heavy Ind Ltd ADR	X												X			X									X							P,S
SP	Fuji Photo ADR	X												X			X									X							P,S
SP	Funai Electric Co Ltd ADR					X								X									X										P,S
SP	GKN PLC ADR	X												X			X									X							P,S
SP	Glaxosmithkline PLC ADR	X												X			X										X						P,S
SP	Hannover Ruckversicherungs Corp ADR					X											X								X								P,S
SP	HBOS Spons ADR						X							X										X									P
SP	Hino Motors Ltd ADR						X							X										X									P,S
SP	HSBC Holdings PLC ADR						X							X									X										P
SP	Hutchison Whampoa ADR					X															X												P
SP	Infineon Technologies AG ADR					X											X								X								P,S
SP	Ishares MSCI EAFE Index Fund	X															X											X					P,S
SP	J Sainsbury PLC ADR	X												X			X										X						P,S
SP	KAO Corp ADR						X							X			X									X							P,S
SP	Koninklijke Philips Electrs NV ADR					X								X			X									X							P,S
SP	Korea Electric Power ADR				X									X			X									X							P,S
SP	KT Corporation ADR				X									X										X									P
SP	Lafarge SA ADR	X												X			X									X							P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											Tmscin
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Lagardere Groupe ADR					X															X											P
SP	Marks & Spencer PLC ADR	X												X			X								X							S
SP	Mediaset Spa ADR						X							X										X								P
SP	Mineben Co Ltd ADR	X												X			X									X						P,S
SP	Mitsubishi UFJ Fial Group Inc ADR						X							X			X								X							P,S
SP	National Australia Bank Limited ADR					X								X											X							P
SP	Nedbank (Nedcor Ltd) Group ADR				X									X			X									X						P,S
SP	Nestle Sa ADR						X							X			X									X						P,S
SP	Nissan Motor Co Ltd ADR						X							X			X									X						P,S
SP	Nokia Corp ADR				X									X									X									P
SP	Nomura Holdings Inc ADR					X															X											P
SP	Novartis AG ADR						X							X										X								P
SP	NTT Docomo Inc ADR						X							X										X								P,S
SP	Orix Corporation ADR				X									X			X									X						P,S
SP	Peugeot SA ADR					X								X										X								P,S
SP	Reed Elsevier PLC ADR					X								X										X								P
SP	Rentokil Initial PLC ADR						X							X										X								P
SP	Ricoh Co Ltd ADR						X							X										X								P,S
SP	Sanofi-Avenita ADR						X							X			X								X							P,S
SP	Sekisui Homes Ltd ADR						X							X			X								X							P,S
SP	Shiguei Banbk Ltd Tokyo ADR					X								X									X									P,S
SP	Siemens AG ADR							X						X									X									P,S
SP	SK Telecom Co Ltd ADR				X									X			X								X							P,S
SP	Sumitomo Mitsui Fial Grp ADR						X							X			X									X						P,S
SP	Svenska Cellulosa AB ADR					X								X			X								X							P,S
SP	Swiss Reinsurance ADR					X								X			X								X							P,S
SP	TDK Corporation ADR					X								X									X									P
SP	Telecomunicacoes Brasileiras SA ADR	X												X			X								X							S
SP	Telefonos De Mexico SA ADR				X									X			X								X							P,S
SP	Telstra Corp ADR				X																X											P
SP	Teva Pharmaceutical Ind Ltd ADS				X																X											P
SP	Thomson SA ADR					X								X										X								P,S
SP	Toto Ltd ADR						X							X										X								P
SP	Trinity Mirror PLC ADR				X									X										X								P,S
SP	UBS AG					X								X			X								X							P,S
SP	Unilever PLC ADR						X							X											X							P
SP	United Microelectronics Corp ADR				X									X									X									P
SP	United Overseas Bk Ltd ADR					X								X			X								X							P,S
SP	UPM Kymmene Corp					X								X										X								P
SP	Valeo ADR					X								X			X							X								P,S
SP	VNU ADR	X															X								X							S
SP	Vodafone Group PLC ADR						X							X												X						P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	**Volkswagon AG ADR**	X												X			X									X						P,S
SP	**Wolters Kluwer ADR**	X												X			X									X						P,S
SP	**JP Morgan Tax Free MM Premier Sweep Fund**								X					X												X						

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											Trnscn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	*Goldman Sachs-CP Muni Sep 4C*																														
JT	GS Fincl Square Tax Free MMF							X								X											X				
JT	Bakersfield CA CRFS Parts 4% 4/1/10									X						X										X					P
JT	Bay Area Toll Auth CA 5% 4/1/10									X						X										X					P
JT	CA DWP Rev 5.25% 5/1/09									X						X										X					P
JT	CA Hlth Facs Fing Auth 6.125% 12/1/19									X						X											X				P
JT	CA St Eco Rec GO 5% 1/1/09									X						X										X					P
JT	CA Stwde Comm 4.1% 4/1/28									X						X										X					P
JT	CA Univ Reg Rev 5% 5/15/10									X						X										X					P
JT	El Dorado CA Irr Dist 4% 3/1/08						X									X							X								P
JT	Foothill Eastrn 6% 1/1/34	X														X										X					P,S
JT	LA CA USD GO 5.375% 7/1/18									X						X										X					P
JT	Los Gatos CA Jt SD GO 5.375% 6/1/22									X						X										X					P
JT	Mojave Wtr Agy CA 5% 9/1/11									X						X									X						P
JT	Moreland CA SD GO 5% 8/1/22									X						X										X					P
JT	Oxnard CA Fing Auth 5% 6/1/11									X						X										X					P
JT	Pasadena CA USD 5% 11/1/19									X						X										X					P
JT	Puerto Rico Conv Ctr 5% 7/1/21									X						X										X					P
JT	Puerto Rico Infrastrctr 5% 7/1/28									X						X										X					P
JT	Puerto Rico Pub Fin Corp 5.75% 8/1/30									X						X										X					P
JT	San Diego CA Pub Facs 5% 8/1/12									X						X										X					P
JT	San Diego CA Redev Agy Tx 5% 9/1/12									X										X											P
JT	San Fran CA City&Cnty 5% 11/1/10									X						X										X					P
JT	San Fran CA City&Cnty 3% 6/15/06	X														X									X						P,S
JT	Santa Clara VY CA Trans 5.25% 6/1/14									X						X											X				P
JT	So CA Metro Rev 5% 7/1/11									X						X										X					P
JT	*Goldman Sachs-Aspen Loan*																			X											
JT	GS Fincl Square Tax Free MMF		X													X									X						
JT	GS Concentrated Intl Equity FD									X				X											X						P
JT	GS Core Fixed Inc I Mutual Fund							X						X			X														P,S
JT	GS Emerging Mkts Eq Inst Cl I							X						X										X							P
JT	GS Structured Lg Cap Grwth Instl Cl I								X					X									X								P
JT	Tulsa OK Cnty 3.6% 12/15/27	X														X									X						P,S
JT	CA Stwde Cmnty 3.65% 10/1/35	X														X							X								P,S
JT	CA Stwde Cmnty 3.15% 2/15/21	X														X								X							P,S
JT	Golden Empire Schs 3.35% 8/1/34	X														X							X								P,S
JT	Sac CA Mun Util 3.2% 8/15/18	X														X							X								P,S
JT	*Goldman Sachs-CP Alternatives*																			X											
JT	GS Fincl Square Tax Free MMF				X											X											X				
JT	GS Core Fixed Inc I Mutual Fund							X						X			X							X							P,S
JT	GS Govt Income Mutual Fnd Class I									X				X												X					P
JT	GS Ultra Short Duration Govt Fd Cl I	X												X			X									X					P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											Transcn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	San Fran CA Cty&Cnty 3.7% 6/15/34	X														X						X									P,S
JT	Indiana St Fin 3.65% 2/1/35	X														X						X									P,S
JT	Wash St Hlth Care 3.6% 11/15/32	X														X						X									P,S
JT	*Goldman Sachs-CP Equities*																			X											
JT	GS Fincl Square Tax Free MMF				X											X										X					
JT	GS Structured Lg Cap Grwth Instl Cl I										X			X														X			P
JT	~~*Goldman Sachs-CP Brokerage*~~																			X											
JT	GS Fincl Square Tax Free MMF							X								X										X					
JT	GS Govt Income Mutual Fnd Class I										X			X														X			P
JT	GS High Yield Muni Mutual Fnd Cl I									X				X															X		P
JT	GS Ultra Short Duration Govt Fd Cl I	X												X															X		P,S
JT	San Fran CA Cty&Cnty 3.7% 6/15/34	X														X							X								P,S
JT	Cal Infra&Econ Dv Bk 3.3% 11/1/26	X														X							X								P,S
JT	CA Srwde Cmnty 3.35% 2/15/21	X														X						X									P,S
JT	Grtr Orlando Aviation 3.6% 10/1/18	X														X							X								P,S
JT	Graville Hosp SC 3.83% 5/1/33	X														X							X								P,S
JT	NYC Tr Cultrl 3.5% 1/1/30	X														X							X								P,S
JT	Oregon St 3.54% 8/1/34	X														X						X									P,S
JT	PA Hsg Fin Agy 3.6% 10/1/32	X														X							X								P,S
JT	Wayne Cnty MI Arpt 3.58% 12/1/33	X														X							X								P,S
JT	*Goldman Sachs-CP Delaware Lg Cap*																			X											
JT	GS Fincl Square Tax Free MMF						X									X									X						
JT	Allergan Inc						X							X		X	X						X								P,S
JT	Chicago Mercantile Hldgs Inc						X							X		X	X								X						P,S
JT	Ebay Inc						X													X											P,S
JT	Expeditors Intl Wash Inc						X							X		X						X									P
JT	First Data Corp	X												X		X						X									P,S
JT	Genentech Inc							X												X											P,S
JT	Google Inc						X													X											P
JT	Intercontinentalexchange Inc						X										X								X						P,S
JT	Intl Game Technology						X							X		X	X								X						P,S
JT	Intuit Inc						X							X		X	X								X						P,S
JT	Ishares Russell 1000 Growth	X												X		X	X									X					P,S
JT	Microsoft Corp	X												X		X						X									P,S
JT	MGM Mirage						X							X			X								X						P,S
JT	Moodys Corp						X							X		X	X						X								P,S
JT	Paychex Inc						X							X		X								X							P,S
JT	Praxair Inc						X							X		X	X								X						P,S
JT	Procter & Gamble Co						X							X		X								X							P
JT	Qualcomm Inc							X						X		X							X								P,S
JT	Research In Motion						X							X						X											P
JT	Sandisk Corp						X							X						X											P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	Seagate Technology						X							X		X							X								P
JT	Sprint Nextel Corp	X												X		X						X									P,S
JT	Staples Inc						X							X		X							X								P,S
JT	United Parcel Service Inc						X							X		X							X								P
JT	Unitedhealth Group Inc							X						X		X					X										P,S
JT	Wal Mart Stores Inc	X												X		X							X								P,S
JT	~~Walgreen Co~~						X							X		X							X								P,S
JT	Weight Watchers Intnatl Inc						X							X		X							X								P
JT	Western Union Co						X							X		X				X											P
JT	Zimmer Hldgs Inc						X							X						X											P

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

BLOCK A		BLOCK B											BLOCK C						BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset											Type of Income						Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	*Goldman Sachs (GS)- Brokerage Account*																													
SP	GS Fincl Square MMF						X								X										X					
SP	GS Core Fixed Inc I Mutual Fnd									X			X														X			P,S
SP	GS High Yield A Mutual Fund	X											X			X									X					P,S
SP	GMS Intl Eq Advisors 3 (Wm Blair) LLC									X									Ptshp								X			P
SP	GS Alpha-Beta Continuum Fund Ltd Cl A										X								Ptshp							X				P
SP	~~Goldman Sachs Growth Opp Class A~~	X														X							X							S
SP	AB Svensk Exportkredit 2/28/07	X														X										X				S
SP	*Goldman Sachs - Restricted Account*																													
SP	GS Fincl Square MMF			X											X										X					
SP	Harman International Industries Cmn										X		X			X													X	S
SP	*Goldman Sachs - Boston Account*																													
SP	GS Fincl Square MMF							X							X										X					
SP	ABN Amro Hldg NV ADR				X															X										P
SP	Aegon Nv ADR				X															X										P
SP	Aeon Co Ltd ADR				X															X										P
SP	Alfal Corporation ADR			X																X										P,S
SP	Ajinomoto Inc ADR	X											X			X							X							P,S
SP	Allianz Aktiengesellschaft ADR				X								X			X						X								P,S
SP	Amcor Ltd ADR				X								X										X							P
SP	Ashai Kasei Corp ADR				X								X			X						X								P,S
SP	BAA PLC ADR	X											X			X								X						P,S
SP	BAE Systems PLC ADR	X														X								X						S
SP	Banco Bilbao Vizcaya SA ADR			X									X									X								P
SP	Banco Santander Central Hispano ADR			X												X							X							P,S
SP	Bank of East Asia Ltd ADR	X											X			X								X						P,S
SP	Bank of Ireland ADR				X								X			X									X					P,S
SP	Barclays PLC ADR				X								X			X							X							P,S
SP	Benetton Group Spa ADR	X														X								X						P,S
SP	BNP Paribas ADR				X								X			X									X					P,S
SP	BOC Hong Kong Holdings Ltd ADR			X									X								X									P
SP	Boots Group PLC ADR	X											X											X						P,S
SP	BT Group PLC ADR	X											X			X								X						P,S
SP	Cadbury Schweppes PLC ADR				X															X										P
SP	Canon Inc ADR			X												X									X					P,S
SP	Centrica PLC ADR				X											X								X						P,S
SP	Ciba Specialty Chemicals ADR				X															X										P,S
SP	Citic Pacific Ltd ADR			X																X										P
SP	Coca Cola Femsa ADR				X															X										P
SP	Coca Cola Amatil Ltd ADR			X																X										P
SP	Credit Suisse Group ADR			X																X										P
SP	DBS Group Hldgs ADR				X											X									X					P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Deutsche Bank AG			X													X								X							P,S
SP	Deutsche Lufthansa AG ADR	X															X									X						P,S
SP	Deutsche Telekom ADR				X									X									X									P
SP	E.On AG ADR			X										X			X								X							P,S
SP	Endesa SA ADR	X												X			X								X							S
SP	Enel SPA ADR			X										X										X								P,S
SP	~~Energias/Electricidade De Portugal SA ADR~~	X												X			X								X							P,S
SP	ENI SPA ADR			X										X									X									
SP	Fortis NL ADR				X									X									X									P
SP	France Telecom SA ADR				X									X										X								P,S
SP	Friends Provident PLC ADR			X																	X											P
SP	Fujifilm Holdings Corp ADR				X												X								X							S
SP	Fuji Heavy Ind Ltd ADR	X												X			X							X								P,S
SP	Fuji Photo ADR	X												X			X							X								P,S
SP	Funai Electric Co Ltd ADR			X																	X											P,S
SP	GKN PLC ADR	X												X			X							X								P,S
SP	Glaxosmithkline PLC ADR	X												X			X									X						P,S
SP	Hannover Ruckversicherungs Corp ADR				X												X							X								P,S
SP	HBOS Spons ADR				X									X									X									P
SP	Hino Motors Ltd ADR				X									X									X									P,S
SP	HSBC Holdings PLC ADR				X																X											P
SP	Hutchison Whampoa ADR				X																X											P
SP	Infineon Technologies ADR				X												X							X								P,S
SP	Ishares MSCI EAFE Index Fund	X															X								X							P,S
SP	J Sainsbury PLC ADR	X												X			X								X							P,S
SP	KAO Corp ADR				X									X			X							X								P,S
SP	Koninklijke Philips Electrs NV ADR				X									X			X							X								P,S
SP	Korea Electric Pwr Corp ADR			X										X			X							X								P,S
SP	KT Corporation ADR			X										X									X									P
SP	Lafarge SA ADR	X												X			X									X						P,S
SP	Lagardere Groupe ADR				X																X											P
SP	Marks & Spencer PLC ADR	X												X			X							X								S
SP	Mediaset ADR				X									X									X									P
SP	Minebea Co Ltd ADR	X												X			X									X						P,S
SP	Mitsubishi UFJ Fnl Group Inc ADR				X									X			X								X							P,S
SP	National Australia Bank Ltd ADR				X									X									X									P
SP	Nedbank Group Ltd (Nedcor Ltd) ADR			X										X			X								X							P,S
SP	Nestle SA ADR				X									X			X								X							P,S
SP	Nissan Motor Co Ltd ADR				X									X			X							X								P,S
SP	Nokia Corp ADR			X										X								X										P
SP	Nomura Holdings Inc ADR			X																	X											P
SP	Novartis AG ADR				X									X									X									P

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

BLOCK A		BLOCK B												BLOCK C						BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	NTT Docomo Inc ADR				X									X			X						X									P,S
SP	Orix Corporation ADR			X										X			X									X						P,S
SP	Peugeot SA ADR			X										X									X									P,S
SP	Reed Elsevier PLC ADR				X									X									X									P
SP	Reutokil Initial PLC ADR				X									X									X									P
SP	Ricoh Co Ltd ADR				X									X									X									P,S
SP	Sanofi-Aventis ADR				X									X			X							X								P,S
SP	Sekisui Homes Ltd				X									X			X							X								P,S
SP	Shinsei Bank Ltd Tokyo ADR				X															X												P,S
SP	Siemens AG ADR					X								X			X						X									P,S
SP	SK Telecom Co Ltd ADR			X										X			X							X								P,S
SP	Sumitomo Mitsui Finl Group Inc ADR				X									X			X								X							P,S
SP	Svenska Cellulosa ADR			X										X			X								X							P,S
SP	Swiss Reinsurance ADR				X									X			X							X								P,S
SP	TDK Corporation ADR				X									X									X									P
SP	Telecomunicacoes Brasileiras SA ADR	X												X			X							X								P,S
SP	Telefonos De Mexico SA ADR			X										X			X								X							P,S
SP	Telstra Corp ADR			X																X												P
SP	Teva Pharmaceutical Ind Ltd ADS			X																X												P
SP	Thomson SA ADR				X									X			X						X									P,S
SP	Toto Ltd ADR				X									X									X									P
SP	Trinity Mirror PLC ADR			X										X									X									P
SP	UBS AG			X										X			X									X						P,S
SP	Unilever PLC ADR				X									X										X								P
SP	United Microelectronics ADR			X										X							X											P
SP	United Overseas Bk Ltd ADR				X									X			X								X							P,S
SP	UPM-Kymmene Corp ADR				X									X									X									P
SP	Valeo ADR				X									X			X							X								P,S
SP	Vnu NV ADR	X															X							X								P,S
SP	Vodafone Group PLC ADR				X									X											X							P,S
SP	Volkswagon AG ADR	X												X			X								X							P,S
SP	Wolters Kluwer ADR	X												X			X								X							P,S
SP	*Goldman Sachs - Sound Shore Account*																															
SP	GS Fincl Square MMF						X									X										X						
SP	AES Corp					X											X							X								P,S
SP	Aetna Inc					X								X			X									X						P,S
SP	Agilent Technologies Inc	X															X									X						P,S
SP	AON Corporation					X								X			X									X						P,S
SP	Bank of America Corp						X							X			X									X						P,S
SP	Baxter International Inc					X								X			X									X						P,S
SP	Berkshire Hathaway Inc Class B						X													X												P,S
SP	Boston Scientific Corp					X														X												P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

BLOCK A		BLOCK B												BLOCK C						BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Chubb Corp					X								X			X								X						P,S
SP	Cigna Corp					X								X			X								X						P,S
SP	CSX Corp				X									X			X									X					P,S
SP	Diebold Incorporated	X												X			X								X						P,S
SP	Directv Group Inc	X															X									X					P,S
SP	Flextronics International Ltd					X														X											P,S
SP	~~Freescale Semiconductor Inc~~	X															X									X					P,S
SP	General Electric Co						X													X											P
SP	Genworth Financial Inc					X								X			X								X						P,S
SP	Hewlett-Packard Co					X								X			X								X						P,S
SP	Honda Mtr Ltd ADR					X								X			X								X						P,S
SP	Interpublic Group Cos					X														X											P
SP	Ishares Trust-Russell 1000 Value Fund	X															X									X					P,S
SP	Kinetic Concepts Inc				X												X							X							P,S
SP	Laboratory Corporation of Amer	X															X								X						P,S
SP	Liberty Media Corp					X											X						X								P,S
SP	Lyondell Chemical Company					X								X										X							P,S
SP	Marsh & McLennan Co Inc					X								X									X								P,S
SP	McDonalds Corp	X															X								X						P,S
SP	Morgan Stanley				X									X			X								X						P,S
SP	Motorola Inc					X								X			X					X									P,S
SP	Pfizer Inc					X								X			X							X							P,S
SP	Southwest Airlines Co					X								X			X							X							P,S
SP	Sprint Nextel Corp					X								X							X										P,S
SP	Symantec Corp					X														X											P,S
SP	Texas Instruments Inc					X														X											P
SP	The Mosaic Company				X												X								X						P,S
SP	Thermo Electron Corp	X															X								X						P,S
SP	Time Warner Inc						X							X			X							X							P,S
SP	Tyco International Ltd	X												X			X					X									P,S
SP	Unum Group					X											X							X							S
SP	Unumprovident Corporation	X												X								X									P,S
SP	US Bancorp					X								X			X							X							P,S
SP	Unilever NV Ny Shs						X							X										X							P
SP	Walt Disney Company					X											X						X								P,S
SP	Washington Post Co Cl B				X															X											P
SP	Waste Mangement Inc					X								X			X								X						P,S
SP	Watson Pharmaceuticals Inc	X																		X											P,S
SP	*Goldman Sachs-Delaware Large Cap*	X																		X											
SP	GS Fincl Square MMF					X										X								X							
SP	Allergan Inc						X							X			X					X									P,S
SP	Chicago Mercantile Hldgs Inc						X							X			X							X							P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

BLOCK A		BLOCK B												BLOCK C						BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Ebay Inc						X													X											P,S
SP	Expeditors Intl Wash Inc					X								X								X									P
SP	First Data Corporation	X												X								X									P,S
SP	Genentech Inc						X													X											P,S
SP	Google Inc						X													X											P
SP	Intercontinentalexchange Inc					X										X								X							P,S
SP	Intl Game Technology					X								X		X								X							P,S
SP	Intuit Inc					X										X								X							P,S
SP	MGM Mirage					X										X									X						P,S
SP	Microsoft Corporation	X												X								X									P,S
SP	Moodys Corp					X								X		X						X									P,S
SP	Paychex Inc					X								X									X								P
SP	Praxair Inc					X								X		X								X							P,S
SP	Procter & Gamble Company						X							X									X								P
SP	Qualcomm Inc						X							X								X									P,S
SP	Research In Motion					X														X											P
SP	Sandisk Corp					X														X											P,S
SP	Seagate Technology						X							X								X									P
SP	Sprint Nextel Corp	X												X							X										P,S
SP	Staples Inc						X							X								X									P,S
SP	United Parcel Service Inc						X							X								X									P
SP	Unitedhealth Group Inc						X													X											P,S
SP	Walgreen Co						X							X								X									P,S
SP	Wal Mart Stores Inc	X												X								X									P,S
SP	Weight Watchers Intl Inc					X								X								X									P
SP	Western Union Co					X														X											P
SP	Zimmer Hldgs Inc						X													X											P

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
		Note	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	None	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	
JT	*Partnerships Held:*																														
JT	Blum Strategic Partners II L.P									X									Pishp									X			P
JT	Goldman Sachs Strtgc Eur Prtnrs LP									X									Pishp									X			
JT	JBG/Fund III Investor LLC					X													Pishp						X						P
JT	JBG/Fund V Qualified Investor LLC							X											Pishp	X											P
JT	Pope Resources LP					X													Pishp						X						
	Bear Stearns Account																														
JT	Reserve Fund Primary Fund					X								X									X								
JT	ABN Amro Holding NV					X								X									X								P
JT	Aegon NV ADR	X												X			X								X						S
JT	Astrazeneca PLC				X									X			X						X								P,S
JT	AXA-UAP ADR	X												X			X								X						S
JT	Barclays PLC ADR					X								X									X								P
JT	Cadbury Schweppes PLC ADR					X								X								X									P
JT	Canon Inc ADR					X														X											P
JT	CRH PLC ADR					X								X								X									P
JT	Danske Bank				X									X									X								P
JT	ENI SPA ADR	X												X			X								X						S
JT	France Telecom ADR					X								X									X								P
JT	Glaxosmithkline PLC ADR	X												X			X								X						S
JT	HSBC Holdings PLC					X								X								X									P
JT	ING Groep NV ADR				X									X									X								P
JT	Ireland Bank ADR					X								X								X									P
JT	Ishares Trust							X						X											X						P
JT	KAO Corp ADR	X												X			X					X									S
JT	Mitsubishi UFJ Fnl Group Inc ADR				X									X							X										P
JT	Nestle SA ADR					X								X								X									P
JT	Nokia Corp ADR					X								X								X									P
JT	Novartis AG ADR					X								X								X									P
JT	Novo Nordisk ADR	X												X			X								X						S
JT	Portugal Telecom ADR	X												X			X							X							S
JT	Sanofi Aventis ADR					X								X								X									P
JT	Shinsei Bank Ltd Tokyo ADR				X															X											P
JT	Siemens AG ADR	X												X			X								X						S
JT	Societe Generale ADR				X									X									X								P
JT	TNT NV ADR (TPG)				X									X								X									P
JT	Telecom Corp of New Zealand Ltd ADR				X									X									X								P
JT	Tesco PLC ADR					X								X								X									P
JT	UBS AG					X								X								X									P
JT	Unilever PLC ADR					X								X									X								P
JT	Vodafone Group PLC ADR				X									X										X							P
	Goldman Sachs(GS)-Brokerage Account																														

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	GS Fincl Square TE MMF								X							X											X				
JT	Goldman Sachs High Yield Muni Fnd								X					X												X					P
JT	KFW 0% 5/6/08 Globalization Basket							X												X											P
JT	Goldman Sachs Grp Inc 0% Nikkei Eln	X															X											X			S
JT	Goldman Sachs Japanese Equity Cl A	X															X											X			S
JT	AB Svensk Exportkredit 2/28/07								X											X											
JT	Eksportfinans 0% 7/18/07							X												X											P
JT	Eksportfinans 0% 8/21/07								X											X											P
JT	*Goldman Sachs - Restricted Account*																														
JT	GS Fincl Square TE MMF			X																X											
JT	Harman International Inds Inc										X			X											X						
	Goldman Sachs - Wasatch Account																														
JT	GS Fincl Square TE MMF					X										X							X								
JT	Accredited Home Lenders Hldg Co			X																X											S
JT	Aegean Marine Petr Network Inc			X																X											P
JT	Aftermarket Technology Corp			X													X						X								S
JT	Amedisys Inc			X																X											P
JT	American Eagle Outfitters Inc	X												X			X						X								P,S
JT	American Woodmark Corp			X										X			X					X									P,S
JT	Americas Car Mart Inc			X																X											P,S
JT	Americredit Corp			X													X								X						S
JT	AMN Healthcare Services Inc			X													X							X							S
JT	Apollo Investment Corp			X										X								X									P
JT	Arbor Realty Trust Inc			X										X			X						X								P,S
JT	ASE Test Limited			X																X											P
JT	Baker (Michael) Corp			X																X											P
JT	Beacon Roofing Supply Inc			X													X						X								P,S
JT	Big 5 Sporting Goods Corp			X																X											
JT	Blount International Inc			X																X											P
JT	Capital Senior Living Corp			X													X					X									
JT	Claymont Steel Holdings Inc			X																X											P
JT	Commercial Cap Bancorp Inc	X												X			X					X									S
JT	Commonwealth Bankshares Inc			X																X											P
JT	Con-Way Inc			X																X											P
JT	Copa Holdings SA			X																X											P
JT	Corvel Corp	X															X						X								P,S
JT	Courier Corp			X																X											P
JT	Crystal River Capital Inc			X										X								X									P
JT	Dealertrack Holdings Inc	X															X					X									P,S
JT	Drew Industries Inc			X													X							X							P,S
JT	Encore Wire Corp	X															X						X								S
JT	Excel Technology Inc			X													X						X								P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	Fidelity Natl Financl Inc			X										X			X						X									S
JT	Fidelity Natl Info Svcs Inc			X																	X											
JT	Five Star Quality Care Inc			X																	X											P
JT	Fossil Inc			X																	X											P
JT	Franklin Bank Corp			X													X						X									P,S
JT	Global Imaging Services Inc			X													X								X							S
JT	Helix Corp	X												X			X									X						S
JT	Helen of Troy Ltd	X															X							X								P,S
JT	Homebanc Corp			X										X									X									P,S
JT	Houston Wire & Cable Co	X															X						X									P,S
JT	Hub Internil Ltd			X										X			X						X									S
JT	Hypercom Corporation			X																	X											P,S
JT	Ideanc Inc			X																	X											P
JT	Intl Rectifier Corp	X															X							X								S
JT	Ishares Russel 2000 Value Index Fund	X															X							X								P,S
JT	Jarden Corporation	X															X							X								P,S
JT	J B Hunt Trans Svcs Inc			X																	X											P
JT	JER Investors Trust Inc	X												X									X									P,S
JT	Kenneth Cole Productions Inc			X																	X											P,S
JT	Keystone Automotive Inds Inc			X													X								X							P,S
JT	KKR Financial Corp			X										X			X						X									S
JT	KMG America Corporation			X																	X											P
JT	LHC Group LLC			X													X							X								S
JT	Lithia Motors Inc			X										X			X									X						P,S
JT	Magellan Health Services Inc			X																	X											P
JT	MCG Capital Corp			X										X			X								X							P,S
JT	McGrath Rentcorp			X										X			X							X								P,S
JT	Medical Properties Trust Inc			X										X			X							X								P,S
JT	Micrel Inc			X																	X											P
JT	Microfinancial Inc			X										X									X									
JT	Mobile Mini Inc			X													X									X						S
JT	Molecular Devices Corp			X																	X											P
JT	Monro Muffler Brake Inc			X										X			X							X								P,S
JT	Mortgagelt Holdings Inc	X												X			X							X								P,S
JT	MSC Industrial Direct Co Inc			X																	X											P
JT	Nanometrics Inc			X																	X											P,S
JT	NBTY Inc			X													X							X								S
JT	NCI Building Systems Inc			X																	X											P
JT	Netscout Systems Inc			X																	X											
JT	Northstar Realty Finance Corp			X										X			X								X							P,S
JT	Nu Horizons Electornic Corp			X													X						X									S
JT	NVR Inc			X																	X											P

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B											BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset											Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Exempted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	On Semiconductor Corp			X																X											P
JT	Orient-Express Hotels Ltd	X												X			X							X							S
JT	Outdoor Channel Hldgs Inc			X																X											P
JT	Oyo Geospace Corp	X															X					X									P,S
JT	PAM Transportation Svcs Inc	X															X						X								P,S
JT	Pericom Semiconductor Corp			X																X											
JT	Petco Animal Supplies Inc	X															X						X								S
JT	Placer Sierra Bancshares			X										X			X					X									P,S
JT	Plains Expl & Prod Co			X																X											
JT	Plato Learning Inc			X																X											P,S
JT	Power Integrations Inc			X																X											P
JT	Quality Distribution Inc	X															X							X							P,S
JT	Redwood Trust Inc				X									X									X								
JT	Rush Enterprises Inc Cl A			X																X											P
JT	Rush Enterprises Inc Cl B			X																X											P
JT	Schawk Inc			X																X											P,S
JT	Select Comfort Corporation			X																X											P
JT	SM&A Cmn			X																X											P,S
JT	Sonic Automotive Inc			X										X			X					X									P,S
JT	SPSS Inc	X															X						X								S
JT	Supertex Inc			X													X								X						P,S
JT	Toll Brothers Inc	X															X						X								P,S
JT	Transport Corp of America Inc	X															X					X									P,S
JT	TTM Technologies Inc			X													X						X								S
JT	Tuesday Morning Corp			X																X											P
JT	United Panam Fincl Corp			X																X											P,S
JT	United Western Bancorp Inc			X																X											P
JT	Universal Technical Institute			X																X											P
JT	US Physical Therapy Inc			X																X											P,S
JT	USA Truck Inc			X													X						X								P,S
JT	USI Holding Corp	X															X						X								S
JT	Vitran Corp Inc			X																X											P
	Goldman Sachs - PCM Account																														
JT	GS Fincl Square TE MMF							X								X									X						
JT	ADE Corp	X															X									X					S
JT	Alltel Corp						X							X										X							P
JT	American Standard Companies				X									X							X										P
JT	Avid Technology Inc				X															X											P
JT	Bandag Inc				X									X								X									
JT	Bank of Hawaii Corporation				X															X											P
JT	Bear Stearns Cos Inc						X							X								X									P
JT	CA Inc						X							X									X								

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B													BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset													Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,00	K $25,000,001 - $50,000,0	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	Datascope Corp				X									X									X									
JT	Dundee Bancorp Inc						X														X											
JT	Eastman Kodak Co					X								X									X									P
JT	FAB Inds Inc			X																	X											
JT	Federated Dept Stores Inc					X								X									X									
JT	Fidelity Bankshares Inc					X								X								X										
JT	First Citizens Bankshares			X																	X											P
JT	Forest City Enterp Inc						X							X								X										
JT	Gannett Co Inc	X												X									X									P,S
JT	Glacier Bancorp Inc				X																X											P
JT	HCA Inc	X												X			X								X							P,S
JT	Health Mgt Assoc Cl A	X												X								X										S
JT	Hearst-Argyle Tel Inc				X									X								X										
JT	Hewlett-Packard Inc						X							X									X									
JT	Huntington Bancshares Inc				X																X											P
JT	Imation Corp				X									X								X										
JT	Independence Cmnty Bk Corp	X												X			X									X						S
JT	Intl Business Machines Corp				X									X								X										P
JT	Internet Security Systems Inc	X															X								X							P,S
JT	Knight Ridder Inc	X												X								X										
JT	Lawson Products Inc				X									X								X										
JT	Lehman Brothers Holdings Inc						X							X								X										P
JT	Lennox Intl Inc				X																X											P
JT	Masco Corporation			X																	X											P
JT	McClatchy Co					X								X								X										P
JT	McGraw-Hill Companies Inc	X												X			X									X						S
JT	Mentor Graphics Corp				X																X											P
JT	Mercantile Bankshares Corp				X									X								X										
JT	Mine Safety Appliances Co					X								X									X									
JT	NCR Corp	X															X									X						S
JT	New York Times Co	X												X								X										P,S
JT	Northern Trust Corp					X								X								X										P
JT	Novellus Systems Inc					X															X											P
JT	Oppenheimer Hldgs Inc				X									X								X										
JT	Pope Res Del Ltd Dep Rcpt						X							X										X								
JT	Progress Software Corp				X																X											
JT	Qualcomm Inc				X									X								X										
JT	Raymond James Fnl Inc					X								X								X										
JT	Ryans Family Steak House	X															X									X						S
JT	Scientific Atlanta Inc	X															X										X					S
JT	Seacoast Bkg Corp				X																X											P
JT	Sky Financial Group Inc				X																X											P

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	Skyline Corp				X									X										X								
JT	Sybase Inc	X															X								X							S
JT	Symantec Corp						X														X											P
JT	TD Banknorth Inc						X							X										X								P
JT	Tektronix Inc				X																X											P
JT	Tierone Corporation				X									X								X										P
JT	~~The Topps Company Inc~~				X									X									X									
JT	Triumph Grp Inc					X								X								X										
JT	Universal Health Svc Cl B					X								X									X									
JT	Valley National Bancorp				X																X											P
JT	Verisign Inc					X															X											P
JT	Washington Mutual Inc	X												X			X								X							S
JT	Weis Markets Inc	X												X			X															S
JT	West Pharmaceutical Svcs Inc					X								X									X									
JT	Wiley John & Sons					X															X											P
JT	Windstream Corporation				X									X									X									P
JT	WSFS Financial Corp				X																X											P
	Goldman Sachs - Sound Shore																															
JT	GS Fincl Square TE MMF						X									X									X							
JT	AES Corp				X												X						X									P,S
JT	Aetna Inc				X									X			X									X						P,S
JT	Agilent Technologies Inc	X															X									X						S
JT	AON Corporation					X								X			X									X						P,S
JT	Bank of America Corp					X								X			X								X							P,S
JT	Baxter International Inc				X									X									X									P,S
JT	Berkshire Hathaway Inc Class B					X															X											P,S
JT	Boston Scientific Corp				X																X											P,S
JT	Chubb Corp					X								X			X									X						P,S
JT	Cigna Corp				X									X			X									X						P,S
JT	CSX Corp				X									X			X										X					P,S
JT	Diebold Incorporated	X												X			X								X							S
JT	Directv Group Inc	X															X										X					P,S
JT	Freescale Semiconductor Inc	X															X										X					P,S
JT	Flextronics Intl Ltd					X															X											P,S
JT	General Electric Co					X															X											P
JT	Genworth Financial Inc					X								X			X								X							P,S
JT	Hewlett-Packard Inc				X									X			X									X						P,S
JT	Honda Mtr Ltd ADR					X								X			X									X						P,S
JT	Interpublic Group Cos					X															X											P
JT	Ishares Trust - Russell 1000 Value Index	X															X									X						P,S
JT	Kinetic Concepts Inc				X																X											P,S
JT	Laboratory Corporation of Amer	X															X									X						S

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D										
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income										
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI
		None	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	None	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000
JT	Liberty Media Holding Corp					X											X						X								P,S
JT	Lyondell Chemical Company					X								X									X								P,S
JT	Marsh & McLennan Co Inc				X									X								X									P,S
JT	McDonalds Corp	X															X								X						S
JT	Morgan Stanley				X									X			X							X							P,S
JT	Motorola Inc				X									X			X					X									P,S
JT	Pfizer Inc					X								X									X								P,S
JT	Southwest Airlines Co					X								X			X							X							P,S
JT	Sprint Nextel Corporation				X															X											P,S
JT	Symantec Corp					X											X					X									P,S
JT	Texas Instruments Inc				X															X											P
JT	The Mosaic Company				X												X							X							P,S
JT	Thermo Electron Corp	X															X								X						S
JT	Time Warner Inc					X								X			X							X							P,S
JT	Umum Group				X												X						X								P,S
JT	US Bancorp					X								X			X						X								P,S
JT	Unilever NV NY Shr					X								X									X								P
JT	Unumprovident Corporation	X												X								X									P,S
JT	Walt Disney Company					X											X						X								P,S
JT	Washington Post Co CL B				X															X											P
JT	Waste Management Inc				X									X			X								X						P,S
	Goldman Sachs - Boston Company																														
JT	GS Fincl Square TE MMF							X								X						X									
JT	ABN Amro Hldg Nv ADR				X															X											P
JT	Aegon NV ADR				X															X											P
JT	Aeon Co Ltd Adr				X									X							X										P
JT	Alfut Corporation ADR				X									X							X										P,S
JT	Ajinomoto Inc ADR	X												X			X						X								P,S
JT	Allianz Aktiengesellschaft ADR				X															X											P,S
JT	Amcor Ltd ADR				X									X									X								P
JT	Ashai Kasei Corp ADR				X									X			X						X								P,S
JT	BAA PLC ADR	X												X			X							X							S
JT	BAE Systems PLC ADR	X															X							X							S
JT	Banco Bilbao Vizcaya SA ADR			X																X											P
JT	Banco Santander Crtl Hispano SA ADR			X										X			X						X								P,S
JT	Bank of East Asia Ltd ADR	X												X			X								X						S
JT	Bank of Ireland ADR				X									X			X								X						P,S
JT	Barclays PLC ADR				X									X			X							X							P,S
JT	Benetton Group SPA ADR	X															X							X							S
JT	BNP Paribas ADR				X									X			X								X						P,S
JT	BOC Hong Kong Holdings Ltd ADR			X										X								X									P
JT	Boots Group PLC ADR	X												X											X						P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B											BLOCK C						BLOCK D											
Asset and/or Income Source		Value of Asset											Type of Income						Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	BT Group PLC ADR	X												X			X								X						P,S
JT	Cadbury Schweppes PLC ADR				X																X										P
JT	Canon Inc ADR				X									X			X									X					P,S
JT	Centrica PLC ADR				X									X			X							X							P,S
JT	CIBA Specialty Chemicals ADR				X									X									X								P,S
JT	Citic Pacific Ltd ADR			X										X									X								P
JT	Coca Cola Femsa SA ADR				X									X								X									P
JT	Coca Cola Amatil Ltd ADR				X									X									X								P
JT	Credit Suisse Group ADR			X																	X										P
JT	DBS Group Holdings Spon ADR				X									X			X									X					P,S
JT	Deutsche Bank AG			X										X			X									X					P,S
JT	Deutsche Lufthansa AG ADR	X												X			X									X					S
JT	Deutsche Telekom AG ADR				X									X									X								P
JT	E.On AG ADR				X									X			X								X						P,S
JT	Endesa SA ADR	X												X			X								X						S
JT	Enel SPA ADR			X										X										X							P,S
JT	Energias/Electrieldade De Portugal ADR	X												X			X								X						S
JT	Fortis (NL) NV ADR				X									X									X								P
JT	France Telecom ADR				X									X										X							P,S
JT	Friends Provident PLC ADR			X										X								X									P
JT	Fujifilm Holdings Corporation ADR				X												X								X						P,S
JT	Fuji Heavy Ind Ltd ADR	X												X			X							X							S
JT	Fuji Photo ADR	X												X			X							X							P,S
JT	Funai Electric Co ADR				X																X										P,S
JT	GKN PLC ADR	X												X			X							X							S
JT	Glaxosmithkline PLC ADR	X												X			X									X					P,S
JT	Hannover Rueckversicherungs Corp ADR				X												X							X							P,S
JT	HBOS Spons ADR				X									X									X								P
JT	Hino Motors Ltd ADR				X									X									X								P,S
JT	HSBC Holdings PLC ADR				X																X										P
JT	Hutchison Whampoa ADR				X																X										P
JT	Infineon Technologies AG ADR				X												X							X							P,S
JT	Ishares MSCI EAFE Index Fund	X															X									X					P,S
JT	J Sainsbury PLC ADR	X												X			X							X							S
JT	KAO Corp ADR				X									X			X							X							P,S
JT	Koninklijke Philips Electrs NV ADR				X									X			X							X							P,S
JT	Korea Electric Power ADR			X										X			X							X							P,S
JT	KT Corporation ADR			X										X									X								P
JT	Lafarge SA ADR	X												X			X								X						S
JT	Lagardere Groupe ADR				X																X										P
JT	Marks & Spencer PLC ADR	X												X			X							X							S
JT	Mediaset ADR				X									X									X								P

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	Minebea Co Ltd ADR	X												X		X									X						P,S
JT	Mitsubishi UFJ Fini Group Inc ADR				X									X		X								X							P,S
JT	National Australia Bank Ltd ADR				X									X								X									P
JT	Nedbank (Nedcor) Group Ltd ADR			X										X		X								X							P,S
JT	Nestle SA ADR				X									X		X								X							P,S
JT	Nissan Motor Co Ltd ADR				X									X		X							X								P,S
JT	Nokia Corp ADR			X										X							X										P
JT	Nomura Holdings Inc ADR				X															X											P
JT	Novartis AG ADR				X									X								X									P
JT	NTT Docomo Inc ADR				X									X								X									P
JT	Orix Corporation ADR			X										X		X									X						P,S
JT	Peugeot SA ADR				X									X								X									P,S
JT	Reed Elsevier PLC ADR				X									X								X									P
JT	Rentokil Initial PLC ADR				X									X								X									P
JT	Ricoh Co Ltd ADR				X									X		X						X									P,S
JT	Sanofi -Aventis ADR					X								X		X							X								P,S
JT	Schering AG ADR	X														X						X									S
JT	Sekisui Homes Ltd ADR				X									X		X							X								P,S
JT	Shinsei Bank Ltd Tokyo ADR				X									X							X										P,S
JT	Siemens AG ADR					X								X		X						X									P,S
JT	SK Telecom Co Ltd ADR			X										X		X							X								P,S
JT	Sumitomo Mitsui Fini Group Inc ADR					X								X		X								X							P,S
JT	Svenska Cellulosa AB ADR				X									X		X								X							P,S
JT	Swiss Reinsurance ADR				X									X		X							X								P,S
JT	TDK Corporation ADR				X									X								X									P
JT	Telecomunicacoes Brasileiras SA ADR	X												X		X							X								S
JT	Telefonos De Mexico SA ADR			X										X		X								X							P,S
JT	Telstra Corp ADR			X																X											P
JT	Teva Pharmaceutical Ind Ltd ADS			X																X											P
JT	Thomson SA ADR				X									X								X									P,S
JT	Toto Ltd ADR				X									X								X									P
JT	Trinity Mirror PLC ADR			X										X								X									P
JT	UBS AG Cmn Isin				X									X		X									X						P,S
JT	Unilever PLC ADR				X									X									X								P
JT	United Microelectronics Corp ADR				X									X								X									P
JT	United Overseas Bk Ltd ADR				X									X		X								X							P,S
JT	UPM-Kymmene Corp ADR				X									X								X									P
JT	Vafeo ADR				X									X		X							X								P,S
JT	Vnu NV ADR	X														X							X								S
JT	Vodafone Group PLC ADR				X									X		X									X						P,S
JT	Volkswagon AG ADR	X												X		X									X						S
JT	Wolters Kluwer ADR	X												X		X								X							S

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
	Goldman Sachs-Delaware Lg Cap Grwth																														
JT	GS Fincl Square TE MMF					X										X							X								
JT	Allergan Inc					X								X			X									X					P,S
JT	Chicago Mercantile Hldgs Inc					X								X			X									X					P,S
JT	Ebay Inc					X														X											P,S
JT	Expeditors Intl Wash Inc					X								X			X								X						P,S
JT	First Data Corporation	X												X			X								X						S
JT	Genentech Inc						X										X								X						P,S
JT	Google Inc					X											X					X									P,S
JT	Intercontinentalexchange Inc					X											X						X								P,S
JT	Intuit Inc					X											X							X							P,S
JT	Ishares Russel 1000 Growth Index Fnd	X															X								X						P,S
JT	Marriott International Inc	X												X			X								X						S
JT	Microsoft Corp	X												X								X									P,S
JT	Moodys Corp					X								X			X								X						P,S
JT	Paychex Inc					X								X			X							X							P,S
JT	Praxair Inc					X								X			X							X							P,S
JT	Procter & Gamble Company					X								X			X								X						P,S
JT	Qualcomm Inc					X								X								X									P,S
JT	Research In Motion				X															X											P
JT	Sandisk Corp					X											X									X					P,S
JT	Seagate Technology					X								X								X									P,S
JT	Sprint Nextel Corporation	X																		X											P,S
JT	Staples Inc					X								X			X							X							P,S
JT	United Parcel Service Inc					X								X									X								P,S
JT	Unitedhealth Group Inc					X														X											P,S
JT	Walgreen Co					X								X			X							X							P,S
JT	Weight Watchers Intl Inc					X								X			X						X								P,S
JT	Western Union Company				X															X											P
JT	Zimmer Holdings Inc					X														X											P,S
JT	*Goldman Sachs -Central Municipal*																														
JT	GS Fincl Square TE MMF				X											X							X								
JT	CA State GO 4.5% 6/29/07						X									X						X									P
JT	CA DWP 5.5 5/1/08						X									X							X								P
JT	Garland Tx COPS 4.125% 2/15/16							X								X									X						
JT	Lewisville Tx Sch Dist 3.625% 2/15/16							X								X									X						
JT	LA CA USD GO 5% 7/1/09						X									X							X								P
JT	Noblesville Ind Redev 4% 7/15/12							X								X									X						
JT	Oklahoma Dev Fin Auth 4% 7/1/14							X								X									X						
JT	Orange Cnty CA Loc Tran 5.7% 2/15/09							X								X							X								P
JT	Sacramento CA 4% 7/10/06	X														X									X						S
JT	San Buenaventura CA 4.75% 3/1/20						X									X									X						

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
JT	San Francisco 4.5% 8/1/07							X								X										X						
JT	San Francisco 6.25% 11/1/07	X														X										X						S
JT	St of Ca GO 5% 2/1/17							X								X										X						
JT	St of NY GO 3.5% 4/15/11							X								X										X						
JT	Univ of CA Regents 5% 5/15/08							X								X								X								P
JT	Ventura Co 4% 7/3/06	X														X											X					S
JT	West Allis W Milwaukee 4% 4/1/13							X								X										X						

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	*Goldman Sachs (GS) - Brokerage Account*														
SP	Eksportfinans 0% Due 7/18/07	X			01/05/06							X			
SP	Plantronics Inc	X			05/04/06			X							
SP	GS Core Fixed Income I Mutual FD Cl I	X			2 Transactions				X						
SP	GS Ultra Short Duration Govt FD Cl I	X			4 Transactions							X			
~~SP~~	~~GS Govt Income Mutual FD Cl I~~	X			11/08/06							X			
SP	PARS-Allegheny Cnty PA Hsp DA Rev	X			01/03/06		X								
SP	PARS-Illinois Fin Auth Rev	X			01/11/06					X					
SP	PARS-Tulsa Cnty OK Indl Auth Rev	X			05/16/06			X							
SP	Eksportfinans A/S 0% Due 2/22/07		X		01/05/06							X			
SP	GS Group 0% 6/5/09 Nikkei Buffered Eln		X		01/25/06					X					
SP	PARS-Allegheny Cnty PA Hsp DA Rev		X		01/04/06		X								
SP	PARS-Illinois Fin Auth Rev		X		01/12/06					X					
SP	PARS-Pennsylvania Indl Dev Auth Var Rev		X		01/25/06						X				
SP	PARS-Ill Hlth Facs Auth V/R Rev		X		01/26/06							X			
SP	PARS-Mercer North Dakota Rev		X		01/26/06							X			
SP	PARS-Montgomery Ohio Cnty of Rev		X		01/26/06							X			
SP	PARS-New Mexico Rev		X		01/31/06							X			
SP	PARS-Tarrant Cnty Tex Hlth Rev		X		01/31/06							X			
SP	PARS-Indiana St Fin Auth Rev		X		04/12/06							X			
SP	PARS-Reno Nevada Rev		X		04/12/06							X			
SP	PARS-North Carolina Mun Pwr Rev		X		04/12/06						X				
SP	PARS-Pennsylvania Indl Dev Auth Var Rev		X		04/12/06		X								
SP	PARS-Indiana St Fin Auth Rev		X		09/12/06					X					
SP	PARS-Tulsa Cnty OK Indl Auth Rev		X		09/20/06			X							
SP	GS Core Fixed Income I Mutual FD Cl I		X		3 Transactions						X				
SP	GS Ultra Short Duration Govt FD Cl I		X		2 Transactions							X			
SP	*Goldman Sachs - Boston Co Account*														
SP	ABN Amro Hlds NV ADR	X			2 Transactions		X								
SP	Aegon NV Amer Reg ADR	X			02/16/06		X								
SP	Aeon Co Ltd ADR	X			4 Transactions			X							
SP	Aiful Corp ADR	X			6 Transactions				X						
SP	Ajinomoto Inc ADR	X			3 Transactions		X								
SP	Allianz Aktiengesellschaft ADR	X			02/16/06		X								
SP	Amcor Ltd ADR	X			02/16/06		X								
SP	Ashai Kasei Corp ADR	X			02/16/06		X								
SP	BAA Plc Spons ADR	X			02/16/06	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,001	$25,000,001-$50,000,01	Over $50,000,000
SP	Banco Bilbao Vizcaya SA ADR	X			2 Transactions		X								
SP	Banco Santander Ctrl Hispano SA ADR	X			04/07/06		X								
SP	Bank of East Asia Ltd ADR	X			02/16/06		X								
SP	Bank of Ireland Spon ADR	X			02/16/06		X								
SP	Barclays Plc ADR	X			02/16/06		X								
SP	Benetton Group Spa ADR	X			3 Transactions		X								
SP	BNP Paribas ADR	X			02/16/06		X								
SP	BOC Hong Kong Ltd ADR	X			2 Transactions		X								
SP	Boots Group PLC ADR	X			4 Transactions			X							
SP	BT Group PLC ADR	X			3 Transactions		X								
SP	Cadbury Schweppes PLC ADR	X			6 Transactions			X							
SP	Canon Inc ADR	X			2//16/06		X								
SP	Centrica Plc ADR	X			02/16/06		X								
SP	CIBA Specialty Chemicals ADR	X			5 Transactions				X						
SP	Citic Pacific Ltd ADR	X			02/16/06	X									
SP	Coca Cola Amatil Ltd ADR	X			4 Transactions		X								
SP	Coca Cola Femsa SA ADR	X			2 Transactions			X							
SP	Credit Suisse Grp ADR	X			10/25/06		X								
SP	DBS Grp Holdings ADR	X			4 Transactions			X							
SP	Deutsche Bank AG	X			02/16/06		X								
SP	Deutsche Lufthansa AG ADR	X			02/16/06		X								
SP	Deutsche Telekom AG ADR	X			2 Transactions			X							
SP	E.On AG ADR	X			2 Transactions		X								
SP	Enel Spa ADR	X			2 Transactions			X							
SP	Energias De Portugal SA ADR	X			02/16/06	X									
SP	Fortis (NL) NV ADR	X			02/16/06		X								
SP	France Telecom SA ADR	X			5 Transactions				X						
SP	Friends Provident Plc ADR	X			2 Transactions		X								
SP	Fuji Heavy Ind Ltd ADR	X			02/16/06	X									
SP	Fuji Photo ADR	X			4 Transactions				X						
SP	Funai Electoric Co Ltd ADR	X			2 Transactions			X							
SP	GKN Plc ADR	X			02/16/06	X									
SP	Glaxosmithkline Plc ADR	X			3 Transactions			X							
SP	Hannover Ruckvesicherungs Corp ADR	X			3 Transactions		X								
SP	HBOS ADR	X			4 Transactions				X						
SP	Hino Motors Ltd ADR	X			11 Transactions					X					
SP	HSBC Holdings Plc ADR	X			3 Transactions			X							

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,00	K Over $50,000,000
SP	Hutchison Whampoa ADR	X			3 Transactions			X							
SP	Infineon Technologies Ag ADR	X			3 Transactions			X							
SP	Ishares MSCI EAFE Index Fd	X			11/14/06						X				
SP	J Sainsbury Plc ADR	X			02/16/06	X									
SP	KAO Corp ADR	X			3 Transactions			X							
SP	Koninklijke Philips Electrs NV ADR	X			02/16/06		X								
SP	Korea Electric Power Corp ADR	X			02/16/06	X									
SP	KT Corporation ADR	X			02/16/06	X									
SP	Lafarge SA ADR	X			02/16/06		X								
SP	Lagardere Groupe ADR	X			7 Transactions			X							
SP	Mediaset Spa ADR	X			7 Transactions				X						
SP	Minebea Co Ltd ADR	X			2 Transactions		X								
SP	Mitsubishi UFJ Fnl Gropu Inc ADR	X			5 Transactions				X						
SP	National Australia Bank Ltd ADR	X			02/16/06		X								
SP	Nedbank Group Ltd ADR	X			02/16/06		X								
SP	Nestle SA ADR	X			4 Transactions			X							
SP	Nissan Motor Co Ltd ADR	X			2 Transactions				X						
SP	Nokia Corp ADR	X			02/16/06	X									
SP	Nomura Holdings Inc ADR	X			2 Transactions		X								
SP	Novartis AG ADR	X			2 Transactions		X								
SP	NTT Docomo Inc ADR	X			3 Transactions				X						
SP	Orix Corporation ADR	X			02/16/06		X								
SP	Peugeot SA ADR	X			4 Transactions			X							
SP	Reed Elsevier PLC ADR	X			3 Transactions			X							
SP	Rentokil Initial PLC ADR	X			10 Transactions				X						
SP	Ricoh Co Ltd ADR	X			2 Transactions	X									
SP	Sanofi-Aventis ADR	X			6 Transactions				X						
SP	Sekisui Homes Ltd ADR	X			02/16/06		X								
SP	Shinsei Bank Ltd Tokyo ADR	X			3 Transactions				X						
SP	Siemens AG ADR	X			14 Transactions					X					
SP	SK Telecom Co Ltd ADR	X			02/16/06		X								
SP	Sumitomo Mitsui Fnl Group Inc ADR	X			4 Transactions				X						
SP	Svenska Cellulosa AB ADR	X			2 Transactions				X						
SP	Swiss Reinsurance ADR	X			02/16/06		X								
SP	TDK Corporation ADR	X			5 Transactions			X							
SP	Telefonos De Mexico SA ADR	X			2 Transactions		X								
SP	Telstra Corp ADR	X			11/24/06		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,0	Over $50,000,000
SP	Teva Pharmaceutical Ind Ltd ADR	X			11/17/06		X								
SP	Thomson SA ADR	X			2 Transactions			X							
SP	Toto Ltd ADR	X			2 Transactions		X								
SP	Trinity Mirror Plc ADR	X			4 Transactions			X							
SP	UBS AG Cmn Isin	X			02/16/06		X								
SP	Unilever Plc ADR	X			5 Transactions			X							
SP	United Microelectronics Corp ADR	X			2 Transactions		X								
SP	United Overseas Bank Ltd ADR	X			4 Transactions			X							
SP	UPM-Kymmene Corp ADR	X			02/16/06		X								
SP	Valeo ADR	X			02/16/06		X								
SP	Vodafone Group Plc ADR	X			4 Transactions				X						
SP	Volkswagon A G ADR	X			02/16/06		X								
SP	Wolters Kluwer ADR	X			02/16/06		X								
SP	Aiful Corp ADR		X		7 Transactions			X							
SP	Ajinomoto Inc ADR		X		2 Transactions			X							
SP	Allianz Aktiengesellschaft ADR		X		05/23/06	X									
SP	Alps Electric Ltd ADR		X		01/13/06	X									
SP	Ashai Kasei Corp ADR		X		01/24/06	X									
SP	BAA Plc Spons ADR		X		5 Transactions			X							
SP	BAE Systems Plc ADR		X		01/24/06		X								
SP	Banco Santander Ctrl Hispano SA ADR		X		12/01/06		X								
SP	Bank of East Asia Ltd ADR		X		5 Transactions			X							
SP	Bank of Ireland Spon ADR		X		4 Transactions			X							
SP	Barclays Plc ADR		X		12/12/06		X								
SP	Benetton Group Spa ADR		X		05/02/06			X							
SP	BNP Paribas ADR		X		3 Transactions			X							
SP	Boots Group PLC ADR		X		4 Transactions		X								
SP	BT Group PLC ADR		X		6 Transactions			X							
SP	Canon Inc ADR		X		5 Transactions			X							
SP	Centrica Plc ADR		X		3 Transactions		X								
SP	CIBA Specialty Chemicals ADR		X		5 Transactions				X						
SP	DBS Grp Holdings ADR		X		4 Transactions			X							
SP	Deutsche Bank AG		X		4 Transactions			X							
SP	Deutsche Lufthansa AG ADR		X		9 Transactions				X						
SP	E.On AG ADR		X		2 Transactions		X								
SP	Endesa SA ADR		X		3 Transactions		X								
SP	Enel Spa ADR		X		2 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Energias De Portugal SA ADR		X		4 Transactions			X							
SP	France Telecom SA ADR		X		3 Transactions		X								
SP	Fuji Heavy Ind Ltd ADR		X		4 Transactions			X							
SP	Fuji Photo ADR		X		2 Transactions		X								
SP	Fujifilm Holdings Corp ADR		X		3 Transactions			X							
SP	Funai Electric Co Ltd ADR		X		7 Transactions			X							
SP	GKN Plc ADR		X		3 Transactions		X								
SP	Glaxosmithkline Plc ADR		X		2 Transactions				X						
SP	Hannover Ruckvesicherungs Corp ADR		X		10/13/06		X								
SP	Hino Motors Ltd ADR		X		10 Transactions				X						
SP	Infineon Technologies Ag ADR		X		12/12/06		X								
SP	Ishares MSCI EAFE Index Fd		X		2 Transactions							X			
SP	J Sainsbury Plc ADR		X		3 Transactions			X							
SP	KAO Corp ADR		X		03/06/06		X								
SP	Koninklijke Philips Electrs NV ADR		X		01/24/06	X									
SP	Korea Electric Power Corp ADR		X		3 Transactions	X									
SP	Lafarge SA ADR		X		10 Transactions				X						
SP	Marks & Spencer Plc ADR		X		2 Transactions		X								
SP	Minebea Co Ltd ADR		X		9 Transactions			X							
SP	Mitsubishi UFJ Finl Grupu Inc ADR		X		2 Transactions		X								
SP	Nedbank Grupu Ltd ADR		X		3 Transactions		X								
SP	Nestle SA ADR		X		2 Transactions		X								
SP	Nissan Motor Co Ltd ADR		X		4 Transactions		X								
SP	NTT Docomo Inc ADR		X		5 Transactions				X						
SP	Orix Corporation ADR		X		2 Transactions			X							
SP	Peugeot SA ADR		X		3 Transactions			X							
SP	Rexam Plc ADR		X		01/19/09	X									
SP	Ricoh Co Ltd ADR		X		04/04/06		X								
SP	Sanofi-Aventis ADR		X		2 Transactions		X								
SP	Schering AG ADR		X		01/19/06	X									
SP	Sekisui Homes Ltd ADR		X		01/24/06	X									
SP	Shinsei Bank Ltd Tokyo ADR		X		6 Transactions			X							
SP	Siemens AG ADR		X		12/01/06		X								
SP	SK Telecom Co Ltd ADR		X		2 Transactions		X								
SP	Sumitomo Mitsui Finl Group Inc ADR		X		4 Transactions			X							
SP	Svenska Cellulosa AB ADR		X		3 Transactions			X							
SP	Swiss Reinsurance ADR		X		11/15/06	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,00	K Over $50,000,000
SP	Telecomunicacoes Brasileiras SA ADR		X		3 Transactions		X								
SP	Telefonos De Mexico SA ADR		X		3 Transactions		X								
SP	Thomson SA ADR		X		4 Transactions			X							
SP	Trinity Mirror Plc ADR		X		3 Transactions		X								
SP	UBS AG Cmn Isin		X		3 Transactions			X							
SP	United Overseas Bank Ltd ADR		X		~~2 Transactions~~		X								
SP	Valeo ADR		X		2 Transactions		X								
SP	Vnu NV ADR		X		01/03/06		X								
SP	Vodafone Group Plc ADR		X		9 Transactions				X						
SP	Volkswagon A G ADR		X		4 Transactions			X							
SP	Wolters Kluwer ADR		X		3 Transactions			X							

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,00	K Over $50,000,000
	Goldman Sachs-CP Municipal SEP AC														
JT	Bakersfield CA CRFS 4% 4/1/10	X			03/02/06							X			
JT	Bay Area Toll Auth CA 5% 4/1/10	X			04/05/06							X			
JT	CA DWP Rev 5.25% 5/1/09	X			02/28/06							X			
JT	CA Health Facs Fing Auth 6.125% 12/1/19	X			03/08/06							X			
JT	~~CA St Ecn Recovery Go 6% 1/1/09~~	~~X~~			3 Transactions							X			
JT	CA Statewide Community Rev 4.1% 4/1/28	X			04/05/06							X			
JT	CA Univ of Regents 5% 5/15/10	X			03/16/06							X			
JT	El Dorado CA Irr Dist 4% 3/1/08	X			08/07/06				X						
JT	Foothill Easter Transn CA 6% 1/1/34	X			2 Transactions							X			
JT	LAUSD GO CA 5.375% 7/1/18	X			02/28/06							X			
JT	Los Gatos CA Joint Sch Dist 5% 6/1/22	X			03/29/06							X			
JT	Mojave Wtr Agy CA Impt Dist 5% 9/1/11	X			06/21/06							X			
JT	Moreland CA Sch Dist GO 5% 8/1/22	X			03/23/06							X			
JT	Oxnard CA Fing Auth Lease Rev 5% 6/1/11	X			03/02/06							X			
JT	Pasadena CA USD GO 5% 11/1/19	X			03/08/06							X			
JT	Puerto Rico Convention Ctr Rev 5% 7/1/21	X			03/15/06							X			
JT	Puerto Rico Infrastructure Rev 5% 7/1/28	X			03/15/06							X			
JT	Puerto Rico Pub Fin Corp Rev 5.75% 8/1/30	X			03/29/06							X			
JT	San Diego CA Pub FACS Fing Rev 5% 8/1/12	X			03/20/06							X			
JT	San Diego CA Redev Agy Tax Rev 5% 9/1/12	X			09/26/06							X			
JT	San Francisco CA City & Co Rev 5% 11/1/10	X			02/28/06							X			
JT	San Francisco CA City & Co Rev 3% 6/15/06	X			02/24/06							X			
JT	Santa Clara Vy CA Transn Rev 5.25% 6/1/14	X			2 Transactions							X			
JT	So Ca Metropolitan Rev 5% 7/1/11	X			03/16/06							X			
JT	Foothill Easter Transn CA 6% 1/1/34		X		09/26/06							X			
JT	San Francisco CA City & Co Rev 3% 6/15/06		X		06/15/06							X			
JT	*Goldman Sachs(GS)-Aspen Loan CP*														
JT	GS Structured Large Cap Value Class A	X			01/20/06						X				
JT	GS Emerging Markets Equity Cl A	X			01/20/06					X					
JT	GS Concentrated Intl Equity FD Cl A	X			01/20/06							X			
JT	GS Core Fixed Income I Mutual Fund Cl I	X			10/27/06						X				
JT	Tulsa Cnty OK Indl Auth Rev 3.6% 12/15/27	X			02/22/06						X				
JT	Sacramento CA Mun Util Rev 3.2% 8/15/18	X			05/31/06				X						
JT	CA Statewide Cmnty Dv Rev 3.65% 10/1/35	X			05/31/06				X						
JT	CA Statewide Cmnty DV Rev 3.15% 2/15/21	X			05/31/06					X					
JT	Golden Empire Schs Fing Rev 3.35% 8/1/34	X			05/31/06				X						

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,0	K Over $50,000,000
JT	Tulsa Cnty OK Indl Auth Rev 3.6% 12/15/27		X		3 Transactions						X				
JT	CA Statewide Cmnty Dv Rev 3.65% 10/1/35		X		3 Transactions				X						
JT	CA Statewide Cmnty DV Rev 3.15% 2/15/21		X		3 Transactions					X					
JT	Golden Empire Schs Fing Rev 3.35% 8/1/34		X		10/17/06				X						
JT	Sacramento CA Mun Utl Rev 3.2% 8/15/18		X		10/19/06				X						
JT	GS Core Fixed Income I Mutual Fund Cl I		X		2 Transactions			X							
JT	*Goldman Sachs(GS)-CP Alternatives*														
JT	Indiana St Fin Auth Rev 10/06/05	X			12/29/06							X			
JT	Greenville Hosp Sys SC REV 5/1/03	X			04/12/06			X							
JT	Wash St Hlth Care Facs Rev 11/6/01	X			04/12/06					X					
JT	Tulsa Cnty OK Indl Auth Rev 12/12/02	X			04/12/06		X								
JT	San Fran CA City & Co Rev 8/5/99	X			04/17/06	X									
JT	GS Core Fixed Income I Mutual Fund Cl I	X			05/24/06					X					
JT	GS Ultra-Short Duration Govt Fd Cl I	X			10/27/06							X			
JT	GS Govt Incom Mutual Fund Class I	X			09/07/06							X			
JT	Indiana St Fin Auth Rev 10/06/05		X		11/06/06							X			
JT	Greenville Hosp Sys SC REV 5/1/03		X		04/18/06			X							
JT	Wash St Hlth Care Facs Rev 11/6/01		X		04/20/06					X					
JT	Tulsa Cnty OK Indl Auth Rev 12/12/02		X		04/25/06		X								
JT	San Fran CA City & Co Rev 8/5/99		X		05/03/06			X							
JT	GS Core Fixed Income I Mutual Fund Cl I		X		2 Transactions			X							
JT	GS Ultra-Short Duration Govt Fd Cl I		X		11/06/06							X			
JT	*Goldman Sachs(GS)-Equities CP*														
JT	GS Structured Large Cap Value Class A	X			02/16/06								X		
JT	*Goldman Sachs(GS)-Brokerage CP*														
JT	Pennsylvania Hsg Fin Agy Rev 3.6% 10/1/32	X			02/21/06							X			
JT	Tulsa Cnty OK Indl Auth Rev 3.6% 12/15/27	X			02/21/06						X				
JT	San Fran CA City & Co Rev 3.7% 6/15/34	X			03/06/06				X						
JT	Wayne Cnty MI Arpt Auth Rev 3.58% 12/1/33	X			03/06/06					X					
JT	Greater Orlando Aviation 3.6% 10/1/18	X			03/06/06						X				
JT	Cal Infra&Econ Dv Bk BEO Rev 3.3% 11/1/26	X			03/06/06						X				
JT	Greenville Hosp Sys SC REV 3.83% 5/1/33	X			04/10/06					X					
JT	Oregon State Facs Auth Rev 3.54% 8/1/34	X			07/05/06				X						
JT	NYC Tr Cultural Res Rev 3.5% 1/1/30	X			07/05/06				X						
JT	CA Statewide Cmnty DV Rev 3.15% 2/15/21	X			07/14/06				X						
JT	GS Ultra-Short Duration Govt Fd Cl I	X			02/15/06								X		
JT	GS Govt Incom Mutual Fund Class I	X			11/06/06								X		

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

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		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,00	Over $50,000,000
JT	GS High Yield Municipal Fund Class A	X			02/16/06							X			
JT	GS High Yield Muni Mutual Fund Class I	X			05/30/06							X			
JT	Tulsa Cnty OK Indl Auth Rev 3.6% 12/15/27		X		02/22/06						X				
JT	Pennsylvania Hsg Fin Agy Rev 3.6% 10/1/32		X		03/06/06							X			
JT	Cal Infra&Econ Dv Bk BEO Rev 3.3% 11/1/26		X		3 Transactions						X				
JT	~~Greater Orlando Aviation 3.6% 10/1/18~~		X		04/12/06						X				
JT	Wayne Cnty MI Arpt Auth Rev 3.58% 12/1/33		X		05/23/06					X					
JT	San Fran CA City & Co Rev 3.7% 6/15/34		X		2 Transactions				X						
JT	Greenville Hosp Sys SC REV 3.83% 5/1/33		X		07/14/06					X					
JT	Oregon State Facs Auth Rev 3.54% 8/1/34		X		09/06/06				X						
JT	CA Statewide Cmnty DV Rev 3.15% 2/15/21		X		09/08/06				X						
JT	NYC Tr Cultural Res Rev 3.5% 1/1/30		X		09/12/06				X						
JT	GS Ultra-Short Duration Govt Fd Cl I		X		4 Transactions								X		
JT	GS High Yield Municipal Fund Class A		X		05/30/06							X			
JT	*Goldman Sachs-Delaware Large Cap CP*														
JT	Allergan Inc	X			3 Transactions				X						
JT	Apollo Group Cls A	X			3 Transactions				X						
JT	Chicago Mercantile Hldgs Inc	X			2 Transactions				X						
JT	Ebay Inc	X			4 Transactions						X				
JT	Expeditors Intl Wash Inc	X			2 Transactions				X						
JT	First Data Corp	X			02/21/06				X						
JT	Genentech Inc	X			2 Transactions						X				
JT	Google Inc	X			5 Transactions				X						
JT	Intercontinentalexchange Inc	X			6 Transactions				X						
JT	Intl Game Technology	X			02/21/06				X						
JT	Intuit Inc	X			02/21/06				X						
JT	Ishares Russell 1000 Growth ETF	X			11/13/06							X			
JT	Liberty Global Inc	X			02/21/06				X						
JT	MGM Mirage	X			02/21/06				X						
JT	Microsoft Corp	X			02/21/06				X						
JT	Moodys Corp	X			2 Transactions				X						
JT	Navteq Corporation	X			02/21/06				X						
JT	Paychex Inc	X			02/21/06				X						
JT	Praxair Inc	X			02/21/06				X						
JT	Proctor & Gamble Co	X			2 Transactions				X						
JT	Qualcomm Inc	X			4 Transactions						X				
JT	Research in Motion	X			5 Transactions				X						

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SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
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		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,00	Over $50,000,000
JT	Sandisk Corp	X			3 Transactions					X					
JT	Seagate Technology	X			9 Transactions				X						
JT	Sprint Nextel Corp	X			2 Transactions				X						
JT	Staples Inc	X			2 Transactions				X						
JT	United Parcel Service Inc	X			3 Transactions				X						
JT	~~Unitedhealth Group Inc~~	~~X~~			~~3 Transactions~~						~~X~~				
JT	Wal Mart Stores Inc	X			3 Transactions				X						
JT	Walgreen Co	X			2 Transactions					X					
JT	Weight Watchers Inc	X			5 Transactions				X						
JT	Western Union Co	X			3 Transactions				X						
JT	XM Satellite Radio Hldgs Inc	X			2 Transactions				X						
JT	Zimmer Hldgs Inc	X			02/21/06				X						
JT	Allergan Inc		X		2 Transactions		X								
JT	Apollo Group Cls A		X		4 Transactions				X						
JT	Chicago Mercantile Hldgs Inc		X		2 Transactions			X							
JT	Ebay Inc		X		11/13/06					X					
JT	Embarq Corporation (fka Sprint Nextel)		X		05/26/06		X								
JT	First Data Corp		X		2 Transactions				X						
JT	Genentech Inc		X		2 Transactions				X						
JT	Intercontinentalexchange Inc		X		12/18/06		X								
JT	Intl Game Technology		X		12/18/06		X								
JT	Intuit Inc		X		12/18/06		X								
JT	Ishares Russell 1000 Growth ETF		X		12/18/06							X			
JT	Liberty Global Inc		X		4 Transactions				X						
JT	MGM Mirage		X		2 Transactions		X								
JT	Microsoft Corp		X		4 Transactions				X						
JT	Moodys Corp		X		03/20/06	X									
JT	Navteq Corporation		X		6 Transactions				X						
JT	Paychex Inc		X		08/08/06	X									
JT	Praxair Inc		X		12/18/06		X								
JT	Qualcomm Inc		X		11/13/06					X					
JT	Sandisk Corp		X		11/13/06				X						
JT	Sprint Nextel Corp		X		2 Transactions				X						
JT	Staples Inc		X		08/08/06		X								
JT	Unitedhealth Group Inc		X		11/13/06				X						
JT	Wal Mart Stores Inc		X		12/12/06				X						
JT	Walgreen Co		X		11/13/06				X						

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
JT	XM Satellite Radio Hldgs Inc		X		6 Transactions				X						

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,0(	Over $50,000,000
SP	Staples Inc	X			2 Transactions				X						
SP	United Parcel Service Inc	X			3 Transactions				X						
SP	Unitedhealth Group Inc	X			3 Transactions				X						
SP	Wal Mart Stores Inc	X			3 Transactions			X							
SP	Walgreen Co	X			2 Transactions				X						
SP	Weight Watchers Inc	X			5 Transactions			X							
SP	Western Union Co	X			3 Transactions			X							
SP	XM Satellite Radio Hldgs Inc	X			2 Transactions			X							
SP	Zimmer Hldgs Inc	X			02/21/06			X							
SP	Allergan Inc		X		2 Transactions	X									
SP	Apollo Group Class A		X		4 Transactions			X							
SP	Chicago Mercantile Hldgs Inc		X		2 Transactions		X								
SP	Ebay Inc		X		11/13/06				X						
SP	Embarq Corporation (fka Sprint Nextel Corp)		X		05/26/06	X									
SP	First Data Corp		X		2 Transactions		X								
SP	Genentech Inc		X		2 Transactions				X						
SP	Intercontinentalexchange Inc		X		12/18/06		X								
SP	Intl Game Technology		X		12/18/06		X								
SP	Intuit Inc		X		12/18/06		X								
SP	Ishares Russell 1000 Growth Fund		X		12/18/06						X				
SP	Liberty Global Inc		X		4 Transactions		X								
SP	MGM Mirage		X		2 Transactions		X								
SP	Microsoft Corp		X		4 Transactions			X							
SP	Moodys Corp		X		03/20/06	X									
SP	Navteq Corp		X		6 Transactions		X								
SP	Praxair Inc		X		12/18/06	X									
SP	Qualcomm Inc		X		11/13/06				X						
SP	Sandisk Corp		X		11/13/06			X							
SP	Sprint Nextel Corporation		X		2 Transactions			X							
SP	Staples Inc		X		08/08/06	X									
SP	Unitedhealth Group Inc		X		11/13/06				X						
SP	Wal Mart Stores Inc		X		12/12/06			X							
SP	Walgreen Co		X		11/13/06			X							
SP	XM Satellite Radio Hldgs Inc		X		6 Transactions			X							

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	*Goldman Sachs (GS)- Brokerage Account*														
SP	GS Alpha-Beta Continuum Fund Ltd Cl A	X			03/01/06								X		
SP	GS GMS Intl Equity Advisers 3 (Wm Blair)	X			02/28/06							X			
SP	GS Core Fixed Inc A Mutual Fund	X			2 Transactions								X		
SP	GS High Yield A Mutual Fund	X			02/15/06						X				
~~SP~~	~~AB Svensk Exportkredit 0% Due 2/28/07~~		~~X~~		~~2 Transactions~~							~~X~~			
SP	GS Growth Opportunities Class A		X		03/28/06	X									
SP	GS Core Fixed Inc A Mutual Fund		X		9 Transactions								X		
SP	GS High Yield A Mutual Fund		X		03/28/06						X				
SP	*Goldman Sachs - Restricted Account*														
SP	Harman International Industries Cmn		X		01/31/06								X		
SP	*Goldman Sachs - Boston Company Account*														
SP	ABN Amro Hlds NV Spon ADR	X			2 Transactions	X									
SP	Aegon NV ADR	X			02/17/06	X									
SP	Aeon Co Ltd ADR	X			4 Transactions		X								
SP	Aiful Corporation ADR	X			6 Transactions		X								
SP	Ajinomoto Inc ADR	X			3 Transactions	X									
SP	Allianz Aktiengesellschaft ADR	X			02/17/06	X									
SP	Amcor Ltd ADR	X			02/17/06	X									
SP	Ashai Kasei Corp ADR	X			02/17/06	X									
SP	BAA Plc ADR	X			02/17/06	X									
SP	Banco Bilbao Vizcaya SA ADR	X			2 Transactions	X									
SP	Banco Santander Central Hispano SA ADR	X			2 Transactions	X									
SP	Bank of East Asia Ltd ADR	X			02/17/06	X									
SP	Bank of Ireland ADR	X			02/17/06	X									
SP	Barclays PLC ADR	X			02/17/06	X									
SP	Benetton Group SPA ADR	X			02/17/06	X									
SP	BNP Paribas ADR	X			02/17/06	X									
SP	BOC Hong Kong Ltd ADR	X			2 Transactions	X									
SP	Boots Group PLC ADR	X			3 Transactions	X									
SP	BT Group PLC ADR	X			3 Transactions	X									
SP	Cadbury Schweppes PLC ADR	X			6 Transactions		X								
SP	Canon Inc ADR	X			02/17/06	X									
SP	Centrica PLC ADR	X			02/17/06	X									
SP	CIBA Specialty Chemicals ADR	X			3 Transactions	X									
SP	Citic Pacific Ltd ADR	X			02/17/06	X									
SP	Coca Cola Femsa SA ADR	X			5 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Credit Suisse Group ADR	X			10/25/06	X									
SP	DBS Group Holdings ADR	X			4 Transactions		X								
SP	Deutsche Bank AG ADR	X			02/17/06	X									
SP	Duetsche Lufthansa AG ADR	X			02/17/06	X									
SP	Deutsche Telekom AG ADR	X			02/17/06	X									
SP	E.On AG ADR	X			2 Transactions	X									
SP	Enel Spa ADR	X			2 Transactions	X									
SP	Energias De Portugal SA ADR	X			02/17/06	X									
SP	Fortis NV ADR	X			02/17/06	X									
SP	France Telecom SA Spon ADR	X			4 Transactions		X								
SP	Friends Provident PLC ADR	X			2 Transactions	X									
SP	Fuji Heavy Ind Ltd ADR	X			02/17/06	X									
SP	Fuji Photo ADR	X			3 Transactions		X								
SP	Funai Electric Co Ltd ADR	X			2 Transactions		X								
SP	GKN PLC ADR	X			02/17/06	X									
SP	Glaxosmithkline PLC ADR	X			3 Transactions		X								
SP	Hannover Ruckvesicherungs Corp ADR	X			3 Transactions	X									
SP	HBOS Spons ADR	X			4 Transactions		X								
SP	Hino Motors Ltd ADR	X			10 Transactions			X							
SP	HSBC Holdings PLC ADR	X			3 Transactions		X								
SP	Hutchison Whampoa ADR	X			3 Transactions	X									
SP	Infineon Technologies AG ADR	X			2 Transactions	X									
SP	Ishares MSCI EAFE Index Fund	X			11/14/06				X						
SP	J Sainsbury PLC ADR	X			02/17/06	X									
SP	KAO Corp Spon ADR	X			3 Transactions		X								
SP	Koninklijke Philips Electrs NV ADR	X			02/17/06	X									
SP	Korea Electric Power Crp ADR	X			02/17/06	X									
SP	KT Corporation ADR	X			02/17/06	X									
SP	Lafarge SA ADR	X			02/17/06	X									
SP	Lagardere Groupe ADR	X			7 Transactions		X								
SP	Mediaset Spa ADR	X			7 Transactions		X								
SP	Mineben Co Ltd ADR	X			2 Transactions	X									
SP	Mitsubishi UFJ Fini Group Inc ADR	X			5 Transactions		X								
SP	National Australia Bank LTD ADR	X			02/17/06	X									
SP	Nedbank Group Ltd	X			02/17/06	X									
SP	Nestle SA ADR	X			4 Transactions		X								
SP	Nissan Motor Co Ltd ADR	X			02/17/06		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,00	Over $50,000,000
SP	Nokia Corp Spon ADR	X			02/17/06	X									
SP	Nomura Holdings Inc ADR	X			2 Transactions	X									
SP	Novartis AG ADR	X			2 Transactions	X									
SP	NTT Docomo Inc ADR	X			3 Transactions		X								
SP	Orix Corporation ADR	X			02/17/06	X									
SP	Peugeot SA ADR	X			4 Transactions		X								
SP	Reed Elsevier PLC ADR	X			3 Transactions		X								
SP	Rentokil Initial PLC ADR	X			8 Transactions			X							
SP	Ricoh Co Ltd ADR	X			2 Transactions	X									
SP	Sanofi-Aventis Spon ADR	X			6 Transactions		X								
SP	Sekisui Homes Ltd Spon ADR	X			02/17/06	X									
SP	Shinsei Bank Ltd Tokyo ADR	X			3 Transactions		X								
SP	Siemens AG ADR	X			14 Transactions			X							
SP	SK Telecom Co Ltd ADR	X			02/17/06	X									
SP	Sumitomo Mitsui Fini Group Inc ADR	X			4 Transactions		X								
SP	Svenska Cellulosa AB ADR	X			02/17/06	X									
SP	Swiss Reinsurance Spon ADR	X			02/17/06	X									
SP	TDK Corporation ADR	X			5 Transactions		X								
SP	Telecommunicacoes Brasileiras SA ADR	X			02/17/06	X									
SP	Telefonos De Mexico SA ADR	X			2 Transactions	X									
SP	Telestra Corp aDR	X			11/24/06	X									
SP	Teva Pharmaceuticals Ind Ltd ADS	X			11/17/06	X									
SP	Thomson SA ADR	X			2 Transactions		X								
SP	Toto Ltd ADR	X			2 Transactions	X									
SP	Trinity Mirror PLC ADR	X			3 Transactions	X									
SP	UBS AG Cmn Isin	X			02/17/06	X									
SP	Unilever PLC Spon ADR	X			5 Transactions		X								
SP	United Microelectronics Corp ADR	X			02/17/06	X									
SP	United Overseas Bk Ltd ADR	X			4 Transactions	X									
SP	UPM-Kymmene Corp ADR	X			02/17/06	X									
SP	Valeo Spon ADR	X			02/17/06	X									
SP	VNU NV ADR	X			02/17/06	X									
SP	Vodafone Group PLC Spon ADR	X			2 Transactions		X								
SP	Volkswagon AG ADR	X			02/17/06	X									
SP	Wolters Kluwer ADR	X			02/17/06	X									
SP	Alfel Corporation ADR		X		6 Transactions	X									
SP	Ajinomoto Inc ADR		X		2 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,00	K Over $50,000,000
SP	Allianz Aktiengesellschaft ADR		X		05/23/06	X									
SP	Alps Electric Ltd ADR		X		01/13/06	X									
SP	Ashai Kasei Corp ADR		X		01/24/06	X									
SP	BAA Plc ADR		X		5 Transactions	X									
SP	BAE Systems PLC ADR		X		3 Transactions	X									
SP	Banco Santander Central Hispano SA ADR		X		12/01/06	X									
SP	Bank of East Asia Ltd ADR		X		5 Transactions		X								
SP	Bank of Ireland ADR		X		4 Transactions		X								
SP	Barclays PLC ADR		X		12/12/06	X									
SP	Benetton Group SPA ADR		X		05/04/06	X									
SP	BNP Paribas ADR		X		3 Transactions	X									
SP	Boots Group PLC ADR		X		4 Transactions	X									
SP	BT Group PLC ADR		X		5 Transactions		X								
SP	Canon Inc ADR		X		5 Transactions		X								
SP	Centrica PLC ADR		X		3 Transactions	X									
SP	CIBA Specialty Chemicals ADR		X		01/26/06	X									
SP	DBS Group Holdings ADR		X		4 Transactions		X								
SP	Deutsche Bank AG ADR		X		4 Transactions	X									
SP	Deutsche Lufthansa AG ADR		X		8 Transactions		X								
SP	E.On AG ADR		X		2 Transactions	X									
SP	Endesa SA ADR		X		2 Transactions	X									
SP	Enel Spa ADR		X		2 Transactions	X									
SP	Energias De Portugal SA ADR		X		4 Transactions		X								
SP	France Telecom SA Spon ADR		X		2 Transactions	X									
SP	Fuji Heavy Ind Ltd ADR		X		4 Transactions	X									
SP	Fuji Photo ADR		X		2 Transactions	X									
SP	Fujifilm Holdings Corp ADR		X		3 Transactions	X									
SP	Fanal Electric Co Ltd ADR		X		5 Transactions		X								
SP	GKN PLC ADR		X		2 Transactions	X									
SP	Glaxosmithkline PLC ADR		X		2 Transactions		X								
SP	Hannover Ruckvesicherungs Corp ADR		X		10/13/06	X									
SP	Hino Motors Ltd ADR		X		9 Transactions		X								
SP	Infineon Technologies AG ADR		X		12/12/06	X									
SP	Ishares MSCI EAFE Index Fund		X		12/18/06				X						
SP	J Sainsbury PLC ADR		X		3 Transactions	X									
SP	KAO Corp Spon ADR		X		03/06/06	X									
SP	Koninklijke Philips Electra NV ADR		X		01/24/06	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	Over $50,000,000
SP	Korea Electric Power Crp ADR		X		01/25/06	X									
SP	Lafarge SA ADR		X		9 Transactions		X								
SP	Marks & Spencer PLC ADR		X		2 Transactions	X									
SP	Minebea Co Ltd ADR		X		8 Transactions		X								
SP	Mitsubishi UFJ Finl Group Inc ADR		X		2 Transactions	X									
~~SP~~	~~Nedbank Group Ltd~~		~~X~~		~~2 Transactions~~	~~X~~									
SP	Nestle SA ADR		X		2 Transactions	X									
SP	Nissan Motor Co Ltd ADR		X		3 Transactions	X									
SP	NTT Docomo Inc ADR		X		5 Transactions		X								
SP	Orix Corporation ADR		X		2 Transactions	X									
SP	Peugeot SA ADR		X		3 Transactions	X									
SP	Rexam PLC ADR		X		01/19/06	X									
SP	Ricoh Co Ltd ADR		X		04/04/06	X									
SP	Sanofi-Aventis Spon ADR		X		2 Transactions	X									
SP	Schering AG ADR		X		01/19/06	X									
SP	Sekisui Homes Ltd Spon ADR		X		01/24/06	X									
SP	Shinsei Bank Ltd Tokyo ADR		X		5 Transactions		X								
SP	Siemens AG ADR		X		12/01/06	X									
SP	SK Telecom Co Ltd ADR		X		05/15/06	X									
SP	Sumitomo Mitusi Finl Group Inc ADR		X		4 Transactions	X									
SP	Svenska Cellulosa AB ADR		X		3 Transactions		X								
SP	Swiss Reinsurance Spon ADR		X		11/15/06	X									
SP	Telecommunicacoes Brasileiras SA ADR		X		4 Transactions	X									
SP	Telefonos De Mexico SA ADR		X		3 Transactions	X									
SP	Thomson SA ADR		X		4 Transactions		X								
SP	UBS AG Cmn Isin		X		3 Transactions	X									
SP	United Overseas Bk Ltd ADR		X		2 Transactions	X									
SP	Valeo Spon ADR		X		2 Transactions	X									
SP	VNU NV ADR		X		01/03/06	X									
SP	Vodafone Group PLC Spon ADR		X		06/01/06	X									
SP	Volkswagon AG ADR		X		4 Transactions		X								
SP	Wolters Kluwer ADR		X		3 Transactions	X									
SP	*Goldman Sachs - Sound Shore Account*														
SP	AES Corp	X			3 Transactions			X							
SP	Aetna Inc	X			10 Transactions			X							
SP	Agilent Technologies Inc	X			02/17/06		X								
SP	AON Corporation	X			14 Transactions				X						

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,0	Over $50,000,000
SP	Bank of America	X			11 Transactions			X							
SP	Baxter International Inc	X			6 Transactions			X							
SP	Berkshire Hathaway Inc Class B	X			12 Transactions			X							
SP	Boston Scientific Corp	X			24 Transactions				X						
SP	Chubb Corp	X			12 Transactions			X							
~~SP~~	~~Cigna Corp~~	~~X~~			~~7 Transactions~~			~~X~~							
SP	CSX Corp	X			8 Transactions			X							
SP	Diebold Incorporated	X			02/17/06		X								
SP	Directv Group Inc	X			2 Transactions		X								
SP	Flextronics International Ltd	X			19 Transactions			X							
SP	Freescale Semiconductor Inc	X			3 Transactions			X							
SP	General Electric Co	X			7 Transactions				X						
SP	Genworth Financial Inc	X			6 Transactions			X							
SP	Hewlett-Packard Co	X			4 Transactions			X							
SP	Honda Mtr Ltd ADR	X			8 Transactions			X							
SP	Interpublic Group Cos	X			4 Transactions			X							
SP	Ishares Trust-Russell 1000 Value Fund	X			11/13/06					X					
SP	Jetblue Airways Corp	X			12 Transactions		X								
SP	Kinetic Concepts Inc	X			17 Transactions				X						
SP	Laboratory Corporation of America	X			02/17/06		X								
SP	Liberty Media Corp	X			10 Transactions			X							
SP	Lyondell Chemical Company	X			9 Transactions			X							
SP	Marsh & McLennan Co Inc	X			6 Transactions			X							
SP	McDonalds Corp	X			02/17/06		X								
SP	Morgan Stanley	X			2 Transactions		X								
SP	Motorola Inc	X			15 Transactions			X							
SP	Pfizer Inc	X			10 Transactions			X							
SP	Southwest Airlines Co	X			7 Transactions				X						
SP	Sprint Nextel Corporation	X			22 Transactions				X						
SP	Symantec Corp	X			7 Transactions			X							
SP	Texas Instruments Inc	X			8 Transactions			X							
SP	The Mosaic Company	X			8 Transactions		X								
SP	Thermo Electron Corp	X			02/17/06		X								
SP	Time Warner Inc	X			6 Transactions			X							
SP	Tyco International Ltd	X			02/17/06		X								
SP	US Bancorp	X			2/17/016		X								
SP	Unilever NV NY Shs ADR	X			3 Transactions			X							

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	Unumprovident Corporation	X			4 Transactions			X							
SP	Walt Disney Company	X			9 Transactions			X							
SP	Washington Post Co	X			9 Transactions		X								
SP	Waste Management Inc	X			5 Transactions			X							
SP	Watson Pharmaceuticals Inc	X			6 Transactions			X							
SP	AES Corp		X		3 Transactions		X								
SP	Aetna Inc		X		5 Transactions		X								
SP	Agilent Technologies Inc		X		10 Transactions		X								
SP	AON Corporation		X		9 Transactions				X						
SP	Bank of America		X		2 Transactions	X									
SP	Baxter International Inc		X		5 Transactions		X								
SP	Berkshire Hathaway Inc Class B		X		3 Transactions	X									
SP	Boston Scientific Corp		X		2 Transactions			X							
SP	Chubb Corp		X		5 Transactions		X								
SP	Cigna Corp		X		11 Transactions		X								
SP	CSX Corp		X		20 Transactions				X						
SP	Diebold Incorporated		X		6 Transactions			X							
SP	Directv Group Inc		X		27 Transactions			X							
SP	Embarq Corporation (fka Sprint Nextel Corp)		X		2 Transactions	X									
SP	Flextronics International Ltd		X		2 Transactions	X									
SP	Freescale Semiconductor Inc		X		26 Transactions				X						
SP	Genworth Financial Inc		X		4 Transactions		X								
SP	Hewlett-Packard Co		X		3 Transactions		X								
SP	Honda Mtr Ltd ADR		X		10 Transactions		X								
SP	Ishares Trust-Russell 1000 Value Fund		X		12/15/06					X					
SP	Jetblue Airways Corp		X		17 Transactions		X								
SP	Kinetic Concepts Inc		X		2 Transactions			X							
SP	Laboratory Corporation of America		X		16 Transactions			X							
SP	Liberty Media Corp		X		10 Transactions		X								
SP	Lyondell Chemical Company		X		7 Transactions		X								
SP	Marsh & McLennan Co Inc		X		10 Transactions		X								
SP	McDonalds Corp		X		10 Transactions		X								
SP	Morgan Stanley		X		02/16/00		X								
SP	Motorola Inc		X		4 Transactions		X								
SP	Pfizer Inc		X		2 Transactions		X								
SP	Southwest Airlines Co		X		10 Transactions			X							
SP	Sprint Nextel Corporation		X		3 Transactions			X							

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Symantec Corp		X		7 Transactions		X								
SP	The Mosaic Company		X		15 Transactions		X								
SP	Thermo Electron Corp		X		19 Transactions			X							
SP	Time Warner Inc		X		4 Transactions		X								
SP	Tyco International Ltd		X		9 Transactions		X								
SP	US Bancorp		X		2 Transactions	X									
SP	Umum Group		X		7 Transactions		X								
SP	Unumprovident Corporation		X		7 Transactions		X								
SP	Walt Disney Company		X		10/24/06	X									
SP	Waste Management Inc		X		14 Transactions			X							
SP	Watson Pharmaceuticals Inc		X		6 Transactions			X							
SP	*Goldman Sachs - Delaware Large Cap*														
SP	Allergan Inc	X			3 Transactions				X						
SP	Apollo Group Class A	X			3 Transactions				X						
SP	Chicago Mercantile Hldgs Inc	X			2 Transactions				X						
SP	Ebay Inc	X			4 Transactions					X					
SP	Expeditors Intl Wash Inc	X			2 Transactions			X							
SP	First Data Corp	X			02/21/06			X							
SP	Genentech Inc	X			2 Transactions				X						
SP	Google Inc	X			5 Transactions			X							
SP	Intercontinentalexchange Inc	X			6 Transactions			X							
SP	Intl Game Technology	X			02/21/06			X							
SP	Intuit Inc	X			02/21/06			X							
SP	Ishares Russell 1000 Growth Fund	X			11/03/06						X				
SP	Liberty Global Inc	X			02/21/06			X							
SP	MGM Mirage	X			02/21/06			X							
SP	Microsoft Corp	X			02/21/06				X						
SP	Moodys Corp	X			2 Transactions			X							
SP	Navteq Corp	X			02/21/06			X							
SP	Paychex Inc	X			02/21/06			X							
SP	Praxair Inc	X			02/21/06			X							
SP	Procter & Gamble Co	X			2 Transactions				X						
SP	Qualcomm Inc	X			4 Transactions					X					
SP	Research In Motion	X			5 Transactions			X							
SP	Sandisk Corp	X			3 Transactions				X						
SP	Seagate Technology	X			9 Transactions				X						
SP	Sprint Nextel Corporation	X			2 Transactions			X							

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
JT	*Partnerships*														
JT	Blum Strategic Partners II LP	X			12/14/06			X							
JT	JBG/Fund III Investor LLC	X			2 Transactions		X								
JT	JBG/Fund V Qualified Investor LLC	X			2 Transactions					X					
JT	*Bear Stearns Account*														
JT	~~ABN Amro Holding NV~~	~~X~~			~~11/14/06~~		~~X~~								
JT	Astrazeneca PLC	X			11/14/06		X								
JT	Barclays PLC ADR	X			11/14/06		X								
JT	CRH PLC ADR	X			2 Transactions		X								
JT	Cadbury Schweppes PLC ADR	X			11/14/06		X								
JT	Canon Inc ADR	X			11/14/06		X								
JT	Danske Bank ADR	X			11/14/06		X								
JT	France Telecom SA Spon ADR	X			2 Transactions		X								
JT	HSBC Holdings PLC	X			2 Transactions		X								
JT	ING Groep NV ADR	X			11/14/06		X								
JT	Ireland Bank ADR	X			11/14/06		X								
JT	Ishares Trust MSCI EAFE Index Fund	X			2 Transactions				X						
JT	Mitsubishi UFF Fincl Grp ADR	X			3 Transactions			X							
JT	Nestle SA ADR	X			11/14/06		X								
JT	Nokia Corp ADR	X			11/14/06		X								
JT	Novartis AG ADR	X			11/14/06		X								
JT	Sanofi Aventis ADR	X			11/14/06		X								
JT	Shinsei Bank Ltd Tokyo Spon ADR	X			2 Transactions		X								
JT	Societe Generale ADR	X			11/14/06	X									
JT	TNT NV ADR	X			11/14/06		X								
JT	Telecom Corp of New Zealand Ltd ADR	X			2 Transactions		X								
JT	Tesco Plc ADR	X			2 Transactions			X							
JT	UBS AG Cmn Isin	X			11/14/06		X								
JT	Unilever Plc ADR	X			11/14/06		X								
JT	Vodafone Group Plc ADR	X			2 Transactions		X								
JT	AXA UAP Spons ADR		X		01/13/06		X								
JT	Siemens AG ADR		X		01/30/06		X								
JT	Portugal Telecom SGPS ADR		X		02/09/06		X								
JT	Astrazeneca PLC		X		04/04/06	X									
JT	Aegon NV ADR		X		2 Transactions		X								
JT	ENI Spa ADR		X		06/07/06		X								
JT	Glaxosmithkline PLC ADR		X		06/07/06		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
JT	KAO Corp Spon ADR		X		06/28/06		X								
JT	Novo Nordisk A/S ADR		X		09/27/06		X								
JT	*Goldman Sachs (GS)- Brokerage Account*														
JT	Eksportfinans 0% due 7/18/07	X			01/05/06					X					
JT	Expt Mtn 0% due 8/21/07	X			02/07/06						X				
~~JT~~	~~HSBC 0% due 5/6/08~~	~~X~~			~~04/26/06~~					~~X~~					
JT	GS High Yield Muni Mutual Fund Class I	X			05/30/06	X									
JT	AB Svensk Exportkredit 6/27/07		X		04/28/06					X					
JT	Eksportfinans 0% due 2/22/07		X		01/05/06					X					
JT	GS Group Inc 0% 6/5/9 Nikkei Buffered Ein		X		01/25/06					X					
JT	GS Japanese Equity Class A		X		02/06/06					X					
JT	*Goldman Sachs - Wasatch SC Val Account*														
JT	Aegean Marine Pete Nework Inc	X			12/08/06	X									
JT	Amedisys Inc	X			2 Transactions	X									
JT	American Eagle Outfitters Inc	X			3 Transactions	X									
JT	American Woodmark Corp	X			6 Transactions	X									
JT	Americas Car Mart Inc	X			6 Transactions		X								
JT	Anworth Mortgage Assset Corp	X			2 Transactions	X									
JT	Apollo Investment Corporation	X			03/16/06	X									
JT	Arbor Realty Trust Inc	X			2 Transactions	X									
JT	ASE Test Ltd	X			11/09/06	X									
JT	Baker (Michael) Corp	X			3 Transactions	X									
JT	Beacon Roofing Supply Inc	X			8 Transactions	X									
JT	Blount International Inc	X			09/27/06	X									
JT	Claymont Steel Holdings Inc	X			12/28/06	X									
JT	CNF Inc	X			04/18/06	X									
JT	Commonwealth Bankshares Inc	X			2 Transactions	X									
JT	Con-Way Inc	X			2 Transactions	X									
JT	Copa Holdings SA	X			2 Transactions	X									
JT	Corvel Corp	X			6 Transactions	X									
JT	Courier Corp	X			3 Transactions	X									
JT	Covenant Transport Class A	X			3 Transactions	X									
JT	Crystal River Capital Inc	X			2 Transactions	X									
JT	Dealertrack Holdings Inc	X			2 Transactions	X									
JT	Drew Industries Inc	X			2 Transactions	X									
JT	Excel Technology Inc	X			5 Transactions	X									
JT	Five Star Quality Care Inc	X			5 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
JT	Fossil Inc	X			5 Transactions	X									
JT	Franklin Bank Corp	X			3 Transactions	X									
JT	Healthtronics Inc	X			03/23/06	X									
JT	Helen of Troy Ltd	X			01/09/06	X									
JT	Homebanc Corp	X			5 Transactions		X								
JT	~~Houston Wire & Cable Company~~	~~X~~			~~06/23/06~~	~~X~~									
JT	Hypercom Corporation	X			2 Transactions	X									
JT	Idearc Inc	X			3 Transactions	X									
JT	Ishares Russell 2000 Value Index	X			11/13/06		X								
JT	JB Hunt Trans Svcs Inc	X			6 Transactions	X									
JT	Jarden Corp	X			2 Transactions	X									
JT	JER Investors Trust Inc	X			02/08/06	X									
JT	Kenneth Cole Productions Inc	X			12/15/06	X									
JT	Keystone Atuomotive Inds Inc	X			2 Transactions	X									
JT	KMG America Corporation	X			2 Transactions	X									
JT	Lithia Motors Inc	X			2 Transactions	X									
JT	Magellan Health Services Inc	X			01/11/06	X									
JT	Matrix Bancorp Inc	X			04/25/06	X									
JT	MCG Capital Corp	X			09/11/06	X									
JT	McGrath Renteorp	X			3 Transactions	X									
JT	Medical Properties Trust Inc	X			02/08/06	X									
JT	Mierel Inc	X			5 Transactions	X									
JT	Modtech Holdings Inc	X			2 Transactions	X									
JT	Molecular Devices Corp	X			9 Transactions	X									
JT	Monro Muffler Brake Inc	X			6 Transactions	X									
JT	Mortgageit Holdings Inc	X			2 Transactions	X									
JT	MSC Industrial Direct Co Inc	X			12/07/06	X									
JT	NVR Inc	X			4 Transactions	X									
JT	Nanometrics Inc	X			2 Transactions	X									
JT	NCI Building Systems Inc	X			5 Transactions	X									
JT	Northstar Realty Finance Corp	X			3 Transactions	X									
JT	On Semiconductor Corp	X			3 Transactions	X									
JT	Outdoor Channel Hldgs Inc	X			3 Transactions	X									
JT	PAM Transportation Svcs Inc	X			02/22/06	X									
JT	Placer Sierra Bancshares	X			6 Transactions	X									
JT	Plato Learning Inc	X			12/15/06	X									
JT	Power Integrations Inc	X			05/05/06	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
JT	Quality Distribution Inc	X			01/09/06	X									
JT	Rush Enterprises Inc Cl A	X			4 Transactions	X									
JT	Rush Enterprises Inc Cl B	X			2 Transactions	X									
JT	Schawk Inc	X			5 Transactions	X									
JT	Select Comfort Corporation	X			12/06/06	X									
~~JT~~	~~Signatel Cmn~~	~~X~~			~~02/01/06~~	~~X~~									
JT	SM& A Cmn	X			12/15/06	X									
JT	Sonic Automotive Inc	X			7 Transactions	X									
JT	Supertex Inc	X			3 Transactions	X									
JT	Thor Industries Inc	X			02/07/06	X									
JT	Toll Brothers Inc	X			2 Transactions	X									
JT	Transport Corp of America Inc	X			01/09/06	X									
JT	Trex Company Inc	X			3 Transactions	X									
JT	Tuesday Morning Corp	X			3 Transactions	X									
JT	US Physical Therapy Inc	X			2 Transactions	X									
JT	United Panam Financial Corp	X			3 Transactions	X									
JT	United Western Bancorp Inc	X			11/13/06	X									
JT	Universal Technical Institute	X			2 Transactions	X									
JT	USA Truck Inc	X			05/30/06	X									
JT	Valero GP Holdings LLC	X			6 Transactions	X									
JT	Vitran Corp Inc	X			07/26/06	X									
JT	Accredited Home Lendrs Hldg Co		X		08/25/06	X									
JT	Aftermarket Technology Corp		X		3 Transactions	X									
JT	American Eagle Outfitters Inc		X		2 Transactions	X									
JT	American Woodmark Corp		X		11/13/06	X									
JT	Americas Car Mart Inc		X		4 Transactions	X									
JT	Americredit Corp		X		4 Transactions	X									
JT	AMN Healthcare Sevices Inc		X		7 Transactions	X									
JT	Asworth Mortgage Asset Corp		X		3 Transactions	X									
JT	Arbor Realty Trust Inc		X		12/27/06	X									
JT	Beacon Roofing Supply Inc		X		11/03/06	X									
JT	Commercial Cap Bancorp Inc		X		2 Transactions	X									
JT	Corvel Corp		X		11/30/06	X									
JT	Dealertrack Holdings Inc		X		11/09/06	X									
JT	Drew Industries Inc		X		4 Transactions	X									
JT	Encore Wire Corp		X		02/09/06	X									
JT	Excel Technology Inc		X		2 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,0	K Over $50,000,000
JT	Fidelity National Title Group		X		01/31/06	X									
JT	Franklin Bank Corp		X		2 Transactions	X									
JT	Global Imaging Services Inc		X		3 Transactions	X									
JT	Healthtronics Inc		X		07/06/06	X									
JT	Helco Corp		X		3 Transactions	X									
~~JT~~	~~Helen of Troy Ltd~~		~~X~~		~~2 Transactions~~	~~X~~									
JT	Homebanc Corp		X		2 Transactions	X									
JT	Houston Wire & Cable Company		X		10/09/06	X									
JT	Hovnanian K Enterprises Inc		X		06/08/06	X									
JT	Intl Rectifier Corp		X		2 Transactions	X									
JT	Ishares Russell 2000 Value Index		X		2 Transactions			X							
JT	Jarden Corp		X		2 Transactions	X									
JT	JER Investors Trust Inc		X		3 Transactions	X									
JT	Kenneth Cole Productions Inc		X		11/13/06	X									
JT	Keystone Automotive Inds Inc		X		6 Transactions	X									
JT	KKR Financial Corp		X		10/30/06	X									
JT	LHC Group LLC		X		2 Transactions	X									
JT	Lithia Motors Inc		X		3 Transactions	X									
JT	MDC Holdings Inc		X		2 Transactions	X									
JT	MCG Capital Corp		X		3 Transactions	X									
JT	McGrath Rentcorp		X		02/24/06	X									
JT	Medical Properties Trust Inc		X		11/28/06	X									
JT	Mobile Mini Inc		X		6 Transactions	X									
JT	Modtech Holdings Inc		X		06/26/06	X									
JT	Monro Muffler Brake Inc		X		10/19/06	X									
JT	Mortgageit Holdings Inc		X		2 Transactions	X									
JT	NVR Inc		X		09/13/06	X									
JT	Nanometrics Inc		X		05/04/06	X									
JT	NBTY Inc		X		2 Transactions	X									
JT	Newcastle Invt Corp		X		05/23/06	X									
JT	Northstar Realty Finance Corp		X		2 Transactions	X									
JT	Nu Horizons Electronics Corp		X		08/30/06	X									
JT	Orient-Express Hotels Ltd		X		3 Transactions	X									
JT	PAM Transportation Svcs Inc		X		07/19/06	X									
JT	Petco Animal Supplies Inc		X		2 Transactions	X									
JT	Placer Sierra Bancshares		X		12/05/06	X									
JT	Plato Learning Inc		X		11/13/06	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
JT	Quality Distribution Inc		X		2 Transactions	X									
JT	Schawk Inc		X		3 Transactions	X									
JT	SM& A Cmn		X		11/13/06	X									
JT	Sonic Automotive Inc		X		02/15/06	X									
JT	SPSS Inc		X		02/17/06	X									
~~JT~~	~~Superior Inc~~		~~X~~		~~3 Transactions~~	~~X~~									
JT	Technology Investment Cap Corp		X		03/01/06	X									
JT	Toll Brothers Inc		X		4 Transactions	X									
JT	Transport Corp of America Inc		X		03/03/06	X									
JT	Trex Company Inc		X		4 Transactions	X									
JT	TTM Technologies Inc		X		6 Transactions	X									
JT	US Physical Therapy Inc		X		11/13/06	X									
JT	United Panam Financial Corp		X		11/13/06	X									
JT	USA Truck Inc		X		08/01/03	X									
JT	USI Holdings Corp		X		2 Transactions	X									
JT	*Goldman Sachs - PCM Core Account*														
JT	Alltell Corporation	X			2 Transactions		X								
JT	American Standards Co	X			10/06/06		X								
JT	Avid Technology Inc	X			11/29/06		X								
JT	Bank of Hawaii Corp	X			12/20/06		X								
JT	Bear Stearns Companies Inc	X			2 Transactions			X							
JT	Eastman Kodak Company	X			05/04/06	X									
JT	First Citizens Bankshares Cl A	X			12/13/06		X								
JT	Gannett Co Inc	X			2 Transactions			X							
JT	Glacier Bancorp Inc	X			12/29/06		X								
JT	HCA Inc	X			2 Transactions			X							
JT	Huntington Bancshares Inc	X			12/21/06		X								
JT	Internet Sec Sys Inc	X			2 Transactions		X								
JT	Intl Business Machines Corp	X			2 Transactions		X								
JT	Lehman Brothers Holdings Inc	X			5 Transactions				X						
JT	Lennox International Inc	X			10/30/06		X								
JT	Masco Corporation	X			11/17/06	X									
JT	McClatchy Company	X			07/05/06		X								
JT	Mentor Graphics Corp	X			01/09/06		X								
JT	New York Times Co	X			01/09/06		X								
JT	Northern Trust Corp	X			3 Transactions		X								
JT	NoveBus Systmens Inc	X			04/20/06		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,00	K Over $50,000,000
JT	Quantum Corporation Dlt & Storage System	X			01/09/06		X								
JT	Radioshack Corp	X			01/09/06		X								
JT	Seacoast Bkg Corp	X			11/28/06		X								
JT	Sky Financial Group Inc	X			2 Transactions		X								
JT	Symantec Corp	X			3 Transactions			X							
JT	~~TD Banknorth Inc~~	~~X~~			~~3 Transactions~~			~~X~~							
JT	Tektronix Inc	X			12/15/06		X								
JT	Tierone Corporation	X			12/07/06		X								
JT	Valley National Bancorp	X			12/07/06		X								
JT	Verisign Inc	X			08/15/06		X								
JT	Wiley John & Sons	X			2 Transactions			X							
JT	Windstream Corporation	X			02/10/06	X									
JT	WSFS Financial Corp	X			11/22/06		X								
JT	ADE Corp		X		10/16/06			X							
JT	Gannett Co Inc		X		2 Transactions			X							
JT	HCA Inc		X		11/20/06			X							
JT	Health Management Assoc		X		11/14/06		X								
JT	Independence Community Bank Corp		X		02/13/06		X								
JT	Internet Sec Sys Inc		X		10/24/06		X								
JT	Knight Ridder Inc		X		Merger		X								
JT	McGraw-Hill Companies Inc		X		10/04/06			X							
JT	NCR Corporation		X		01/04/06		X								
JT	New York Times Co		X		11/14/06		X								
JT	Quantum Corporation Dlt & Storage System		X		11/14/06		X								
JT	Radioshack Corp		X		03/20/06	X									
JT	Ryans Family Steak House		X		11/02/06		X								
JT	Scientific Atlanta Inc		X		02/27/06			X							
JT	Sybase Inc		X		12/12/06	X									
JT	Washington Mututal Inc		X		10/13/06		X								
JT	Weis Markets Inc		X		08/16/06		X								
JT	*Goldman Sachs - Sound Shore Account*														
JT	AES Corp	X			4 Transactions	X									
JT	Aetna Inc	X			10 Transactions		X								
JT	AON Corporation	X			14 Transactions	X									
JT	Bank of America Corp	X			13 Transactions			X							
JT	Baxter International Inc	X			10 Transactions		X								
JT	Berkshire Hathaway Inc Cl B	X			9 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,001	J $25,000,001-$50,000,0	K Over $50,000,000
JT	Boston Scientific Corp	X			19 Transactions			X							
JT	Chubb Corp	X			10 Transactions		X								
JT	Cigna Corp	X			7 Transactions		X								
JT	CSX Corp	X			8 Transactions		X								
JT	Directv Group Inc	X			2 Transactions		X								
JT	Flextronics International Ltd	X			13 Transactions			X							
JT	Freescale Semiconductor Inc	X			2 Transactions	X									
JT	General Electric Co	X			3 Transactions			X							
JT	Genworth Financial Inc	X			6 Transactions		X								
JT	Hewlett-Packard Co	X			5 Transactions		X								
JT	Honda Mtr Ltd ADR	X			5 Transactions		X								
JT	Interpublic Group	X			4 Transactions		X								
JT	Ishares Trust - Russell 1000 Value Index	X			2 Transactions				X						
JT	Jetblue Airways Corp	X			11 Transactions		X								
JT	Kinetic Concepts Inc	X			14 Transactions			X							
JT	Liberty Media Holding Corp	X			9 Transactions			X							
JT	Lyondell Chemical Company	X			6 Transactions		X								
JT	Marsh & McLennan Co Inc	X			5 Transactions		X								
JT	Morgan Stanley	X			2 Transactions	X									
JT	Motorola Inc	X			15 Transactions			X							
JT	Pfizer Inc	X			8 Transactions		X								
JT	Southwest Airlines Co	X			7 Transactions		X								
JT	Sprint Nextel Corporation	X			20 Transactions			X							
JT	Symantec Corp	X			8 Transactions			X							
JT	Texas Instruments Inc	X			8 Transactions		X								
JT	The Mosaic Company	X			7 Transactions	X									
JT	Time Warner Inc	X			7 Transactions		X								
JT	Tyco International Ltd	X			01/09/06		X								
JT	US Bancorp	X			2 Transactions	X									
JT	Unilever NV NY ADR	X			3 Transactions		X								
JT	Unumprovident Corporation	X			4 Transactions	X									
JT	Walt Disney Company	X			9 Transactions		X								
JT	Washington Post Co Cl B	X			9 Transactions		X								
JT	Waste Management Inc	X			4 Transactions		X								
JT	Watson Pharmaceuticals Inc	X			2 Transactions	X									
JT	AES Corp		X		3 Transactions	X									
JT	Aetna Inc		X		6 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
JT	Agilent Technologies Inc		X		10 Transactions		X								
JT	AON Corporation		X		9 Transactions		X								
JT	Bank of America Corp		X		2 Transactions	X									
JT	Baxter International Inc		X		5 Transactions		X								
JT	Berkshire Hathaway Inc Cl B		X		5 Transactions		X								
~~JT~~	~~Boston Scientific Corp~~		~~X~~		~~2 Transactions~~		~~X~~								
JT	Chubb Corp		X		5 Transactions		X								
JT	Cigna Corp		X		11 Transactions		X								
JT	CSX Corp		X		20 Transactions		X								
JT	Diebold Incorporated		X		6 Transactions		X								
JT	Directv Group Inc		X		26 Transactions			X							
JT	Embarq Corporation (fka Sprint Nextel Corp)		X		05/25/06	X									
JT	Flextronics International Ltd		X		2 Transactions	X									
JT	Freescale Semiconductor Inc		X		26 Transactions			X							
JT	Genworth Financial Inc		X		5 Transactions		X								
JT	Hewlett-Packard Co		X		3 Transactions		X								
JT	Honda Mtr Ltd ADR		X		8 Transactions	X									
JT	Ishares Trust - Russell 1000 Value Index		X		2 Transactions					X					
JT	Jetblue Airways Corp		X		8 Transactions	X									
JT	Kinetic Concepts Inc		X		2 Transactions		X								
JT	Laboratory Corporation of Amer		X		15 Transactions		X								
JT	Liberty Media Holding Corp		X		9 Transactions		X								
JT	Lyondell Chemical Company		X		5 Transactions	X									
JT	Marsh & McLennan Co Inc		X		9 Transactions		X								
JT	McDonalds Corp		X		10 Transactions		X								
JT	Morgan Stanley		X		6 Transactions		X								
JT	Motorola Inc		X		4 Transactions	X									
JT	Pfizer Inc		X		2 Transactions	X									
JT	Southwest Airlines Co		X		7 Transactions	X									
JT	Sprint Nextel Corporation		X		3 Transactions		X								
JT	Symantec Corp		X		7 Transactions	X									
JT	The Mosaic Company		X		4 Transactions	X									
JT	Thermo Electron Corp		X		17 Transactions		X								
JT	Time Warner Inc		X		4 Transactions	X									
JT	Tyco International Ltd		X		10 Transactions		X								
JT	US Bancorp		X		2 Transactions	X									
JT	Unum Group		X		6 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,001	J $25,000,001-$50,000,00	K Over $50,000,000
JT	Unumprovident Corporation		X		7 Transactions	X									
JT	Walt Disney Company		X		10/24/06	X									
JT	Waste Management Inc		X		8 Transactions		X								
JT	Watson Pharmaceuticals Inc		X		5 Transactions		X								
JT	*Goldman Sachs - Boston Company Account*														
JT	ABN Amro Hlds NV Spon ADR	X			2 Transactions	X									
JT	Aegon NV ADR	X			11/16/06	X									
JT	Aeon Co Ltd ADR	X			4 Transactions		X								
JT	Aiful Corporation ADR	X			5 Transactions		X								
JT	Ajinomoto Inc ADR	X			3 Transactions	X									
JT	Allianz SE ADR	X			11/16/06	X									
JT	Amcor Ltd ADR	X			11/16/06	X									
JT	Ashai Kasei Corp ADR	X			11/16/06	X									
JT	Banco Bilbao Vizcaya SA ADR	X			2 Transactions	X									
JT	Banco Santander Central Hispano SA ADR	X			2 Transactions	X									
JT	Bank of Ireland ADR	X			11/16/06	X									
JT	Barclays PLC ADR	X			11/16/06	X									
JT	BNP Paribas Spon ADR	X			11/16/06	X									
JT	BOC Hong Kong Ltd ADR	X			3 Transactions	X									
JT	Boots Group PLC ADR	X			3 Transactions		X								
JT	BT Group PLC ADR	X			2 Transactions	X									
JT	Cadbury Schweppes PLC ADR	X			7 Transactions		X								
JT	Canon Inc ADR	X			11/16/06	X									
JT	Centrica PLC Spon ADR	X			2 Transactions		X								
JT	CIBA Specialty Chemicals ADR	X			4 Transactions		X								
JT	Citic Pacific Ltd Spon ADR	X			11/16/06	X									
JT	Coca Cola Femsa SA ADR	X			2 Transactions		X								
JT	Coca Cola Amatil SA ADR	X			5 Transactions		X								
JT	Credit Suisse Group ADR	X			2 Transactions	X									
JT	DBS Group Holdings ADR	X			4 Transactions		X								
JT	Deutsche Bank ADR	X			11/16/06	X									
JT	Duetsche Telekom AG ADR	X			2 Transactions		X								
JT	E.On AG ADR	X			2 Transactions	X									
JT	Enel Spa ADR	X			3 Transactions		X								
JT	Fortis NV ADR	X			11/16/06	X									
JT	France Telecom SA Spon ADR	X			5 Transactions			X							
JT	Friends Provident Plc ADR	X			3 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
JT	Fuji Photo ADR	X			3 Transactions		X								
JT	Fujifilm Holdings Corp ADR	X			4 Transactions		X								
JT	Funai Electric Co ADR	X			12/19/06		X								
JT	Glaxosmithkline PLC ADR	X			2 Transactions	X									
JT	Hannover Ruckvesicherungs Corp ADR	X			3 Transactions	X									
~~JT~~	~~HBOS Spon ADR~~	~~X~~			~~3 Transactions~~		~~X~~								
JT	Hino Motors Ltd ADR	X			11 Transactions			X							
JT	HSBC Holdings PLC ADR	X			3 Transactions		X								
JT	Hutchison Whampoa ADR	X			4 Transactions		X								
JT	Infineon Technologies AG ADR	X			2 Transactions	X									
JT	Ishares MSCI EAFE Index Fund	X			2 Transactions				X						
JT	KAO Corp Spon ADR	X			3 Transactions		X								
JT	Koninklijke Philips Electrs ADR	X			11/16/06	X									
JT	Korea Electric Power Crp ADR	X			11/16/06	X									
JT	KT Corporation Spon ADR	X			11/16/06	X									
JT	Lagardere Groupe ADR	X			8 Transactions		X								
JT	Mediaset Spa ADR	X			7 Transactions		X								
JT	Minebea Co Ltd ADR	X			2 Transactions	X									
JT	Mitsubishi UFJ Fint Group Inc ADR	X			5 Transactions		X								
JT	National Australia Bank Ltd ADR	X			11/16/06	X									
JT	Nedbank Group Ltd ADR	X			11/16/06	X									
JT	Nestle SA ADR	X			4 Transactions		X								
JT	Nissan Motor Co Ltd ADR	X			2 Transactions			X							
JT	Nokia Corp ADR	X			11/16/06	X									
JT	Nomura Holdings Inc ADR	X			2 Transactions		X								
JT	Novartis AG Spon ADR	X			2 Transactions	X									
JT	NTT Docomo Inc ADR	X			2 Transactions		X								
JT	Orix Corporation ADR	X			11/16/06	X									
JT	Peugeot SA ADR	X			4 Transactions		X								
JT	Reed Elsevier Plc ADR	X			4 Transactions		X								
JT	Rentokil Initial Plc ADR	X			11 Transactions		X								
JT	Ricoh Co Ltd ADR	X			2 Transactions	X									
JT	Sanofi-Aventis Spon ADR	X			6 Transactions		X								
JT	Sekisui Homes Ltd Spon ADR	X			11/16/06	X									
JT	Shinsei Bank Ltd Tokyo Spon ADR	X			2 Transactions		X								
JT	Siemens AG Spon ADR	X			14 Transactions			X							
JT	SK Telecom Co Ltd ADR	X			11/16/06	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,00	Over $50,000,000
JT	Sumitomo Mitsui Fnl Group Inc ADR	X			4 Transactions		X								
JT	Svenska Cellulosa AB ADR	X			2 Transactions		X								
JT	Swiss Reinsurance Spon ADR	X			11/16/06	X									
JT	TDK Corporation ADR	X			5 Transactions		X								
JT	Telefonos De Mexico SA ADR	X			2 Transactions	X									
~~JT~~	~~Telstra Corp ADR~~	~~X~~			~~11/24/06~~	~~X~~									
JT	Teva Pharmaceutical Ind Ltd ADR	X			11/17/06	X									
JT	Thomson SA ADR	X			12/18/06		X								
JT	Toto Ltd ADR	X			2 Transactions	X									
JT	Trinity Mirror Plc ADR	X			4 Transactions	X									
JT	UBS AG Cmn Isin	X			11/16/06	X									
JT	Unilever PLC ADR	X			6 Transactions		X								
JT	United Microelectronics Corp ADR	X			11/16/06	X									
JT	United Overseas Bk Ltd ADR	X			4 Transactions		X								
JT	UPM-Kymmene Corp ADR	X			11/16/06	X									
JT	Valeo Spons ADR	X			11/16/06	X									
JT	Vodafone Group Plc ADR	X			3 Transactions			X							
JT	Aiful Corporation ADR		X		6 Transactions		X								
JT	Ajinomoto Inc ADR		X		2 Transactions		X								
JT	Allianz Aktiengelsellschaft ADR		X		05/23/06	X									
JT	Alps Electric Ltd ADR		X		01/13/06	X									
JT	Ashai Kasei Corp ADR		X		01/24/06	X									
JT	BAA Plc ADR		X		5 Transactions		X								
JT	BAE Systems PLC ADR		X		2 Transactions	X									
JT	Banco Santander Central Hispano SA ADR		X		12/01/06	X									
JT	Bank of East Asia Ltd ADR		X		5 Transactions		X								
JT	Bank of Ireland ADR		X		4 Transactions		X								
JT	Barclays PLC ADR		X		12/12/06	X									
JT	Benetton Group SPA ADR		X		4 Transactions		X								
JT	BNP Paribas Spon ADR		X		3 Transactions		X								
JT	Boots Group PLC ADR		X		2 Transactions	X									
JT	BT Group PLC ADR		X		8 Transactions		X								
JT	Canon Inc ADR		X		4 Transactions		X								
JT	Centrica PLC Spon ADR		X		3 Transactions	X									
JT	CIBA Specialty Chemicals ADR		X		01/26/06	X									
JT	DBS Group Holdings ADR		X		4 Transactions		X								
JT	Deutsche Bank ADR		X		4 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,00	Over $50,000,000
JT	Deutsche Lufthansa AG ADR		X		7 Transactions		X								
JT	E.On AG ADR		X		2 Transactions	X									
JT	Endesa SA ADR		X		3 Transactions	X									
JT	Enel Spa ADR		X		2 Transactions	X									
JT	Energias De Portugal SA ADR		X		4 Transactions		X								
JT	France Telecom SA Spon ADR		X		2 Transactions	X									
JT	Fuji Heavy Ind Ltd ADR		X		4 Transactions	X									
JT	Fuji Photo ADR		X		2 Transactions	X									
JT	Fujifilm Holdings Corp ADR		X		3 Transactions		X								
JT	Funai Electric Co ADR		X		5 Transactions		X								
JT	GKN Plc ADR		X		3 Transactions	X									
JT	Glaxosmithkline PLC ADR		X		2 Transactions		X								
JT	Hannover Ruckvesicherungs Corp ADR		X		10/13/06	X									
JT	Hino Motors Ltd ADR		X		9 Transactions		X								
JT	Infineon Technologies AG ADR		X		12/12/06	X									
JT	Ishares MSCI EAFE Index Fund		X		2 Transactions					X					
JT	J Sainsbury PLC ADR		X		3 Transactions		X								
JT	KAO Corp Spon ADR		X		03/06/06	X									
JT	Koninklijke Philips Electrs ADR		X		01/24/06	X									
JT	Korea Electric Power Crp ADR		X		3 Transactions	X									
JT	Lafarge SA ADR		X		10 Transactions		X								
JT	Marks & Spencer PLC ADR		X		2 Transactions	X									
JT	Minebea Co Ltd ADR		X		11 Transactions		X								
JT	Mitsubishi UFJ Finl Group Inc ADR		X		2 Transactions	X									
JT	Nedbank Group Ltd ADR		X		3 Transactions	X									
JT	Nestle SA ADR		X		2 Transactions	X									
JT	Nissan Motor Co Ltd ADR		X		4 Transactions	X									
JT	NTT Docomo Inc ADR		X		4 Transactions		X								
JT	Orix Corporation ADR		X		2 Transactions	X									
JT	Peugeot SA ADR		X		2 Transactions	X									
JT	Rexam PLC ADR		X		01/19/06	X									
JT	Ricoh Co Ltd ADR		X		04/04/06	X									
JT	Sanofi-Aventis Spon ADR		X		2 Transactions	X									
JT	Schering AG ADR		X		01/19/06	X									
JT	Sekisui Homes Ltd Spon ADR		X		01/24/06	X									
JT	Shiasei Bank Ltd Tokyo Spon ADR		X		5 Transactions		X								
JT	Siemens AD ADR		X		12/01/06	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
JT	SK Telecom Co Ltd ADR		X		2 Transactions	X									
JT	Sumitomo Mitsui Finl Group Inc ADR		X		4 Transactions	X									
JT	Svenska Cellulosa AB ADR		X		3 Transactions		X								
JT	Swiss Reinsurance Spon ADR		X		11/15/06	X									
JT	Telecomunicacoes Brasileiras SA ADR		X		4 Transactions	X									
~~JT~~	~~Telefonos De Mexico DA ADR~~		~~X~~		~~3 Transactions~~	~~X~~									
JT	Thomson SA ADR		X		3 Transactions		X								
JT	UBS AG Cmn Isin		X		3 Transactions	X									
JT	United Overseas Bk Ltd ADR		X		2 Transactions	X									
JT	Vateo Spons ADR		X		2 Transactions	X									
JT	VNU NV Spon ADR		X		01/03/06	X									
JT	Vodafone Group Plc ADR		X		7 Transactions		X								
JT	Volkswago AG ADR		X		4 Transactions		X								
JT	Wolters Kluwer ADR		X		3 Transactions	X									
JT	*Goldman Sachs - Delaware Large Cap Growth*														
JT	Allergan Inc	X			3 Transactions		X								
JT	Apollo Group	X			3 Transactions		X								
JT	Chicago Mercantile Hldgs Inc	X			3 Transactions		X								
JT	Ebay Inc	X			7 Transactions			X							
JT	Expeditors Intl Wash Inc	X			08/01/06		X								
JT	Genentech Inc	X			3 Transactions			X							
JT	Google Inc	X			6 Transactions			X							
JT	Intercontinentalexchange Inc	X			6 Transactions			X							
JT	Intuit Inc	X			01/11/06	X									
JT	Ishares Russell 1000 Growth	X			11/13/06					X					
JT	Microsoft Corporation	X			2 Transactions		X								
JT	Moodys Corp	X			06/06/06	X									
JT	Navteq Corporation	X			3 Transactions		X								
JT	Paychex Inc	X			2 Transactions	X									
JT	Praxair Inc	X			01/11/06	X									
JT	Procter & Gamble Company	X			4 Transactions		X								
JT	Qualcomm Inc	X			4 Transactions				X						
JT	Research In Motion	X			5 Transactions		X								
JT	Sandisk Corp	X			4 Transactions		X								
JT	Seagate Technology	X			8 Transactions				X						
JT	Sprint Nextel Corporation	X			3 Transactions		X								
JT	Staples Inc	X			3 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
JT	United Parcel Sevice Inc	X			5 Transactions				X						
JT	Unitedhealth Group Inc	X			6 Transactions				X						
JT	Walgreen Co	X			3 Transactions		X								
JT	Weight Watchers Inc	X			4 Transactions		X								
JT	Western Union Company	X			2 Transactions		X								
JT	~~XM Satellite Radio Hldgs Inc~~	~~X~~			~~3 Transactions~~			~~X~~							
JT	Zimmer Hldgs Inc	X			2 Transactions			X							
JT	Allergan Inc		X		4 Transactions			X							
JT	Apollo Group		X		5 Transactions			X							
JT	Chicago Mercantile Hldgs Inc		X		2 Transactions		X								
JT	Ebay Inc		X		2 Transactions		X								
JT	Embarq Corporation (fka Sprint Nextel Corp)		X		05/26/06	X									
JT	Expeditors Intl Wash Inc		X		2 Transactions		X								
JT	First Data Corporation		X		04/07/06			X							
JT	Genentech Inc		X		3 Transactions		X								
JT	Google Inc		X		10/16/06	X									
JT	Intercontinentalexchange Inc		X		12/18/06	X									
JT	Intuit Inc		X		08/01/06		X								
JT	Ishares Russell 1000 Growth		X		2 Transactions					X					
JT	Liberty Global Inc		X		6 Transactions			X							
JT	Marriott International Inc		X		04/07/06			X							
JT	Microsoft Corporation		X		4 Transactions			X							
JT	Moodys Corp		X		3 Transactions		X								
JT	Navteq Corporation		X		7 Transactions			X							
JT	Paychex Inc		X		3 Transactions		X								
JT	Praxair Inc		X		09/26/06	X									
JT	Procter & Gamble Company		X		3 Transactions		X								
JT	Qualcomm Inc		X		5 Transactions				X						
JT	Sandisk Corp		X		2 Transactions			X							
JT	Seagate Technology		X		11/13/06			X							
JT	Sprint Nextel Corporation		X		3 Transactions			X							
JT	Staples Inc		X		3 Transactions		X								
JT	United Parcel Sevice Inc		X		2 Transactions			X							
JT	Unitedhealth Group Inc		X		3 Transactions				X						
JT	Walgreen Co		X		08/01/06		X								
JT	Weight Watchers Inc		X		2 Transactions	X									
JT	XM Satellite Radio Hldgs Inc		X		5 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
JT	Zimmer Hldgs Inc		X		2 Transactions		X								
JT	*Goldman Sachs - Central Municipals*														
JT	Los Angeles Ca USD GO 5% 7/1/09	X			04/10/06				X						
JT	CA DWP 5.5% 5/1/08	X			07/05/06				X						
JT	Univ of CA Regents Rev 5% 5/15/08	X			07/05/06					X					
JT	Orange Cnty CA Local Transt Rev 5.7% 2/15/09	X			07/11/06					X					
JT	CA State GO 4.5% 6/29/07	X			11/02/06				X						
JT	Sacramento Cnty CA 4% 7/10/06		X		07/10/06					X					
JT	Ventura Cnty CA 4% 7/3/06		X		07/03/06					X					
JT	San Francisco CA 6.25% 11/1/07		X		11/01/06				X						

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

MC

(6)

Name (Full Name)	J. Dennis Hastert
Mailing Address	2304 Rayburn HOB Washington, DC 20515
Daytime Telephone	202-225-2976
Filer Status	☑ Member of the U.S. House of Representative — State: IL District: 14 ☐ Officer Or Employee — Employing Office
Report Type	☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ N ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		5-15-07

1663

SCHEDULE I - EARNED INCOME

Name J. Dennis Hastert

List the source, type, and amount of am d inc me fr m any source (oth r than the filer's curr nt employment by the U.S. G vernment) totaling $200 or more during the preceding cal ndar year. For a spouse, list the source and am unt of any honoraria; list only the source for other spouse earned incom xc eding $1,000.

Source	Type	Amount
State of Illinois - Yorkville School District #115	Spouse Pension	N/A
State of Illinois Pension	Pension	$33,505.60
Home/Farm (Plano, IL)	Spouse income	N/A
1/3 Share of 125.96 Acres, Kendall County, IL	Farm Income	$9,258.00 (Gross)
Wisconsin Farm, Crawford County	Farm Income	$5,600.00 (Gross)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name J. Dennis Hastert

BLOCK A **Ass t and/or Income S urce** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transacti n** Indicate if asset had purchas s (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	1/3 Share of 125.96 Acres (Kendall Co., Illinois)	$1,000,001 - $5,000,000	Farm	$5,001 - $15,000	
	Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Farm - Crawford County, Wisconsin	$500,001 - $1,000,000	Farm	$5,001 - $15,000	
JT	Farm - Crawford County, Wisconsin (Purchase of 80 Additional Acres)	$250,001 - $500,000	Farm	NONE	P
SP	Home/Property (Plano, IL)	$1,000,001 - $5,000,000	Farm	N/A	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name J. Dennis Hastert

JT	North Star Trust Company	$1,000,001 - $5,000,000	INTEREST	$1,001 - $2,500	Escrow Dissolved
SP	Northwestern Mutual Life Variable Annuity - Northwestern Life Aggressive Stock Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS/INTEREST	NONE	
	Northwestern Mutual Life Variable Annuity - Nothwestern Life Aggressive Stock Fund	$1,001 - $15,000	INTEREST/DIVIDENDS/CAPITAL GAINS	NONE	
	Regnery Publishing	Indefinite	Royalties	NONE	
JT	Townhouse Property - Washington, DC	$250,001 - $500,000	RENT	$5,001 - $15,000	
JT	Yorkville National Bank	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Yorkville National Bank - Farm Account	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Yorkville National Bank - Optimum Account	$100,001 - $250,000	INTEREST	$5,001 - $15,000	

SCHEDULE IV - TRANSACTIONS

Name J. Dennis Hastert

Rep rt any purchas , sale or exchange by y u, your spouse, or dependent child during th reporting year f any r al property, stocks, bonds, c mmodities futures, or other s curities wh n th am unt of th transaction or s ries of transactions exceeded $1,000. Include transactions that r sulted in a l ss. Do n t r port a transaction betw n you, your spouse, or y ur d pendent child, or the purchase or ale of your pers nal residence, unless it is rented out. Provid a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Wisconsin Farm, Crawford County (80 Acres)	P	December, 2006	$250,001 - $500,000
JT	North Star Trust Company (Escrow Dissolved)	S	Jan., 2006	$1,000,001 - $5,000,000

SCHEDULE V - LIABILITIES

Name J. Dennis Hastert

Report liabilities f ov r $10,000 owed t any n creditor at any time during the reporting period by y u, y ur spouse, r d pendent child. Mark the highest amount owed during the year. Exclude: Any mortgage on y ur personal residence (unless all or part of it is rent d ut); loans cured by aut mobil s, h usehold furniture, r appliances; and liabiliti s owed to a sp us , or the child, parent, or sibling of you r your spouse. Report "revolving charg accounts" (i.e., credit cards) only if th balance at the close f the preceding cal ndar year exceed d $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Yorkville National Bank	Mortgage of Home/Farm	$1,000,001 - $5,000,000
JT	EverHome Mortgage	Washington, DC, Townhouse	$50,001 - $100,000

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

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(3)

The Honorable Alcee Lamar Hastings
(Full Nam)

2353 Rayburn House Office Building Washington, DC 20515 — (Mailing Address)

202-225-1313 — Daytime Telephone:

Office Use Only

Filer Status	☑ Member of the U.S. House of Representatives — State: FL District: 23	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed again t anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appr priate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ N ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

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C rtification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the stat m nts I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Alcee L. Hastings	May 9, 07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name The Honorable Alcee Lamar Hastings

BLOCK A **Asset and/or Income Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Incom** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount f Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting y ar.
Wright Patman Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE V - LIABILITIES

Name The Honorable Alcee Lamar Hastings

Report liabiliti s of over $10,000 owed to any on creditor at any tim during th reporting period by you, y ur spouse, or d pendent child. Mark the highest amount owed during the year. Exclud : Any mortgag n your personal residence (unless all or part f it is rented out); loan secured by automobiles, household furniture, r appliances; and liabiliti s ow d t a sp us , or the child, parent, or sibling of y u or your spouse. R p rt "revolving charge accounts" (i. ., credit cards) only if the balance at the close of th preceding calendar year exce d d $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Robert Catz	Legal Fees	$500,001 - $1,000,000
	Terrance Anderson	Legal Fees	$1,000,001 - $5,000,000
	Patricia Williams	Legal Fees	$500,001 - $1,000,000
	Karr and McClan	Legal Fees	$100,001 - $250,000
	Mark McDonald	Legal Fees	$15,001 - $50,000
	Lewis Meyers	Legal Fees	$15,001 - $50,000

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Doc Hastings
(Full Name)

P O Box K
(Mailing Address)

Pasco, WA 99302
Daytime Telephone: 202-225-5816

Filer Status	[X] Member of the U.S. House of Representatives — State: WA District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files mor than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	[signature]	MAY 14, 2007

Name	Page
DOC HASTINGS	2 of 14

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF WASHINGTON	LEGISLATIVE PENSION	$1780

For payments to charity in lieu of honoraria, use Schedule II.

Name DOC HASTINGS | Pag 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Inc m Sourc

identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

			Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP Mega Corp Stock						X							X										X								P
		Simon & Schuster			Indefinite																Royalties									X			
		1st Bank of Paducah, KY accounts							X								X									X							
JT	COLUMBIA BASIN PAPER & SUPPLY																																
	TRUST / PETERSEN-HASTINGS									X																NA							
JT	YAKIMA FEDERAL - DEPOSIT					X												X					X										
JT	CHASE CHASE - DEPOSIT				X													X					X										
JT	AMERICAN WEST - DEPOSIT				X													X					X										
JT	CHAS SCHWAB - IRA						X																			NA							

For additi nal assets and unearned income, use next pag .

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: DOC HASTINGS

Page 4 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	DEPOSIT ACCTS		X																					NA								
	LGE CAP VALUE III			X																				"								
	MATTHEWS PACIFIC			X																				"								
	SCHWAB INST SELECT			X																				"								
	SCHWAB INTL INDEX			X																				"								
	SCHWAB SM CAP			X																												
JT	VANGUARD GROUP				X										X								X									
	TOTAL INTL INDEX			X																												
	TOTAL STOCK MKT INDEX			X																												

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

ROBERT CANNON HAYES
(Full Name)

PO BOX 2000
(Mailing Address)

CONCORD NC 28026

Daytime Telephone: 704-795-2000

Filer Status	[X] Member of the U.S. House of Representatives — State: NC District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not *be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?*		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		

Name ROBERT CANNON HAYES

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Ass t and/or Inc me Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of its business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	SP Mega Corp. Stock						X							X										X								P
DC	*Examples:* Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	SEE ATTACHMENTS																															

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name ROBERT CANNON HAYES

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-06		X								
	FREESCALE SEMICONDUCTER CLB STOCK		X		12-4-06	X									
	GENUITY INC CLA STOCK		X		10-27-06	(WORTHLESS)									
SP	DEERE & CO STOCK	X			6-14-06	X									
SP	SYMBOL TECH. STOCK		X		6-14-06	X									
SP	CEMEX SAB DE CV ADR CTF NEW, STOCK	X			12-14-06	X									
SP	WALTER INDS INC COM, STOCK	X			10-16-06	X									
SP	MASSEY ENERGY CO COM, STOCK		X		12-11-06	X									

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Name ROBERT CANNON HAYES

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	FNB SOUTHEAST; REIDSVILLE NC	COMMERCIAL LOAN; AIRPLANE							X			

SCHEDULE VI — GIFTS NONE

Report the source, a brief description, and the value of all gifts totaling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. *Gifts with a value of $122 or less need not be added towards the $306 disclosure threshold.*

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER	ARCTIC SOUTHERN FARMS, LLC
PRESIDENT, DIRECTOR	MOUNT PLEASANT HOSIERY MILL, INC.
MEMBER	PALMER MOUNTAIN, LLC
DIRECTOR	CANNON FOUNDATION, INC.

SCHEDULE IX — AGREEMENTS NONE

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

ROBERT CANNON HAYES
ATTACHMENT TO SCHEDULE III-ASSETS AND "UNEARNED INCOME"

		VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	BERKSHIRE HATHAWAY B; STOCK			X																X											
	SOLECTRON CP; STOCK			X																X											
	EMC CORP MASS; STOCK			X																X											
	FREESCALE SEMICONDUCTOR CL. B (SPIN-OFF OF MOTOROLA INC.)	X																		X	(SOLD AT A LOSS)										S
	GENUITY INC. CL. A; STOCK	X																		X	(SOLD AT A LOSS)										S
	INTEL CORP; STOCK			X										X							X										
	JDS UNIPHASE CP NEW; STOCK		X																	X											
	MOTOROLA INC ; STOCK			X										X							X										
	ORACLE CORP; STOCK			X																X											
	VIGNETTE CORP. NEW; STOCK		X																	X											
SP	ACTIVE ASSETS MONEY TRUST/BANK DEPOSIT PROGRAM; MM			X										X		X					X										
SP	AMERICAN EXPRESS; STOCK			X										X							X										
SP	BB&T CORP.; STOCK				X									X									X								
SP	CONOCOPHILLIPS; STOCK					X								X									X								
SP	CORNING INC.; STOCK			X																X											
SP	DEERE & CO; STOCK			X										X							X										P
SP	INTEL CORP; STOCK			X										X							X										
SP	PFIZER INC., STOCK			X										X								X									

ROBERT CANNON HAYES
ATTACHMENT TO SCHEDULE III-ASSETS AND "UNEARNED INCOME"

SP, DC, JT	ASSET AND/OR INCOME SOURCE	VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
		NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPT BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
SP	SYMBOL TECH; STOCK	X												X						X (LOSS EXCEEDED DIVIDEND INCOME)											S
SP	WILLIAMS CO INC.; STOCK			X										X							X										
	SUNOCO INC.; STOCK				X									X								X									
	RICHFIELD PROPERTY; CLIP ROAD RICHFIELD, NC						X													X											
	WISCONSIN PROPERTY; CLINE ROAD BREED, WI				X															X											
	MOUNT PLEASANT HOSIERY MILL BLDG., MT. PLEASANT, NC						X								X									X							
	AIRPLANE; CONCORD, NC									X					X					X (NET)								X (GROSS)			
	MOUNT PLEASANT HOSIERY INC.; STOCK, MT. PLEASANT, NC	X																		X											
JT	WACHOVIA CAP ACCOUNT							X								X									X						
SP	WACHOVIA CAP ACCOUNT				X									X								X									
SP	BERKSHIRE HATHAWAY A. STOCK						X													X											
	ARCTIC SOUTHERN FARMS, LLC	X (LAND OWNED BY TRUST)													X		X			X (NET)					X (GROSS)						
	LOAN TO KEVIN SIMPSON CONCORD, NC (FINAL PAYMENT IN 2006)	X (SALE OF REAL ESTATE FINANCING)														X							X								
SP	GRAN PACIFICA RESORT S.A.; STOCK						X							X										X							
	TRUST CA CANNON DTD 12-3-51 (SEE SCHEDULE III, ATTACHMENT A)	SEE DETAIL OF HOLDINGS ON ATTACHMENT												X		X	X										X				
	TRUST CA CANNON DTD 3-12-53 (SEE SCHEDULE III, ATTACHMENT B)	SEE DETAIL OF HOLDINGS ON ATTACHMENT												X		X									X						
	TRUST CA CANNON (322) (SEE SCHEDULE III, ATTACHMENT C)	SEE DETAIL OF HOLDINGS ON ATTACHMENT												X		X	X										X				
SP	BARBARA W. HAYES TRUST (SEE SCHEDULE III, ATTACHMENT D)	SEE DETAIL OF HOLDINGS ON ATTACHMENT												X		X	X								X						

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT A
ASSETS OF TRUST C A CANNON DTD 12-5-51

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	EVERGREEN MUNICIPAL MONEY MARKET					X								X										X							
	FORSYTH CNTY NC BONDS					X										X								X							
	NORTH CAROLINA STATE BONDS						X									X									X						
	UNIVERSITY OF NC BONDS					X										X								X							
	STANLEY COUNTY BONDS						X									X								X							
	CHARLOTTE NC BONDS					X										X							X								
	NEW HANOVER COUNTY NC HOSPITAL BONDS						X									X								X							
	TYCO INTL LTD NEW COM, STOCK					X								X								X									
	DU PONT E I DE NEMOURS & CO COM, STOCK					X								X			X										X				
	ALTRIA GROUP INC COM, STOCK								X					X												X					
	ANHEUSER BUSCH COS INC COM, STOCK					X								X									X								
	COMCAST HLDGS INC CL A, STOCK					X														X											
	EXPEDIA INC COM, STOCK				X															X											
	HOME DEPOT INC COM, STOCK				X									X								X									
	IAC/INTERACTIVECORP COM, STOCK				X															X											
	KONINKLIJKE PHILIPS ELEC - ADR N V N Y REGISTRY SH NEW 2000, STOCK					X								X									X								
	NEWS CORP INC CLASS B COM, STOCK					X								X								X									
	CISCO SYS INC COM, STOCK				X															X											
	FIRST DATA CORP COM, STOCK				X									X							X										

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT A
ASSETS OF TRUST C A CANNON DTD 12-5-51

Mr. Hayes earns a fraction of the income generated from this trust
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPT BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	WEST UNION CO COM, STOCK				X									X							X										
	CHEVRONTEXACO CORP COM, STOCK						X							X										X							
	EXXON MOBIL CORP COM, STOCK						X							X										X							
	ROYAL DUTCH SHELL PLC - ADR A, STOCK						X							X											X						
	DUKE ENERGY CORP COM, STOCK						X							X											X						
	AMERICAN INTL GRP INC COM, STOCK							X						X										X							
	BERKSHIRE HATHAWAY INC DEL CL B, STOCK					X														X											

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT B
ASSETS OF TRUST C A CANNON DTD 5-12-53

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	EVERGREEN MUNICIPAL MONEY MARKET							X						X											X						
	GENERAL ELEC CO COM, STOCK									X				X												X					
	PITNEY-BOWES INC COM, STOCK							X						X											X						
	TYCO INTL LTD NEW COM, STOCK						X							X									X								
	ALTRIA GROUP INC COM, STOCK									X				X													X				
	ANHEUSER BUSCH COS INC COM, STOCK						X							X										X							
	DIAGEO PLC SPONSORED ADR NEW, STOCK						X							X											X						
	NESTLE S A SPONSORED ADR REPSTG REG SH, STOCK								X					X											X						
	COMCAST HLDGS INC CL A, STOCK						X													X											
	EXPEDIA INC COM, STOCK				X															X											
	IAC/INTERACTIVECORP COM, STOCK				X															X											
	MCDONALDS CORP COM, STOCK							X						X											X						
	NEWS CORP INC CLASS B COM, STOCK						X							X								X									
	INTL BUSINESS MACHINES CORP COM, STOCK						X							X									X								
	MICROSOFT CORP COM, STOCK						X							X									X								
	BRISTOL-MYERS SQUIBB CO COM, STOCK							X						X											X						
	MERCK & CO INC COM, STOCK								X					X												X					

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT B
ASSETS OF TRUST C A CANNON DTD 5-12-53

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	PFIZER INC COM								X					X												X					
	UNITEDHEALTH GRP INC COM, STOCK						X							X							X										
	ZIMMER HLDGS INC COM, STOCK					X														X											
	ROYAL DUTCH SHELL PLC - ADR A, STOCK								X					X												X					
	DUKE ENERGY CORP COM, STOCK						X							X										X							
	AMERICAN INTL GRP INC COM, STOCK								X					X										X							
	CITIGROUP INC COM, STOCK						X							X										X							
	JP MORGAN CHASE & CO COM, STOCK						X							X									X								
	LINCOLN NATL CORP COM					X								X									X								
	PROMISSORY NOTE FROM ROBERT C HAYES									X						X												X			
	CABIN, LAKE COUNTY, MN				X										X							X									
	LAND W/2 CABINS, LAKE COUNTY, MN				X															X											
	TIMBER, LAKE COUNTY, MN								X											X											
	LAND, SHELDON, SC									X					X											X					
	LAND, LAKE COUNTY, MN									X										X											

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT C
ASSETS OF TRUST C A CANNON (322)

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPT IN DEFERRED TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	EVERGREEN MUNICIPAL MONEY MARKET								X					X												X					
	NORTH CAROLINA STATE BONDS									X						X											X				
	UNIVERSITY NC CHAPEL HILL BONDS						X									X									X						
	NEW HANOVER COUNTY NC BONDS							X								X									X						
	BUNCOMBE COUNTY NC BONDS								X							X										X					
	CHARLOTTE NC BONDS							X								X									X						
	CARY C BONDS							X								X										X					
	GREENVILLE NC BONDS							X								X										X					
	ORANGE COUNTY NC BONDS							X								X										X					
	MECKLENBURG COUNTY NC BONDS									X						X										X					
	CHARLOTTE NC STORM WATER BONDS							X								X										X					
	NC EDUCATIONAL FACULTIES BONDS								X							X										X					
	COGDELL SPENCER INC COM. STOCK							X						X												X					
	IDEARC INC COM. STOCK				X									X									X								
	GENERAL ELEC CO COM. STOCK									X				X														X			
	MASCO CORP COM. STOCK								X					X												X					
	PITNEY-BOWES INC COM. STOCK								X					X												X					

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT C
ASSETS OF TRUST C A CANNON (322)

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

SP, DC, JT	ASSET AND/OR INCOME SOURCE	VALUE OF ASSET A NONE	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L OVER $50,000,000	TYPE OF INCOME DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	UNCLASSIFIED/BLIND TRUST	OTHER	AMOUNT OF INCOME I NONE	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI OVER $5,000,000	TRANSACTION P, S, E
	3M CO COM, STOCK									X				X												X					
	TYCO INTL LTD NEW COM, STOCK							X						X										X							
	DU PONT E I DE NEMOURS & CO COM, STOCK						X							X											X						
	ALTRIA GROUP INC COM, STOCK									X				X														X			
	ANHEUSER BUSCH COS INC COM, STOCK						X							X										X							
	DIAGEO PLC SPONSORED ADR NEW, STOCK						X							X											X						
	KIMBERLY-CLARK CORP COM, STOCK						X							X										X							
	NESTLE S A SPONSORED ADR REPSTG REG SH, STOCK									X				X												X					
	COMCAST HLDGS INC CL A, STOCK						X													X											
	EXPEDIA INC COM, STOCK			X																X											
	HOME DEPOT INC COM, STOCK						X							X										X							
	IAC/INTERACTIVECORP COM, STOCK					X														X											
	KONINKLIJKE PHILIPS ELECTRS N V N Y REGISTRY SH NEW 2000, STOCK						X							X										X							
	NEWS CORP INC CLASS B COM, STOCK							X						X									X								
	CISCO SYS INC COM, STOCK						X													X											
	DELL INC COM, STOCK						X													X											
	INTEL CORP COM, STOCK						X							X										X							
	INTL BUSINESS MACHINES CORP COM, STOCK									X				X												X					

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT C
ASSETS OF TRL ST C A CANNON (322)

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

SP, DC, JT	ASSET AND/OR INCOME SOURCE	VALUE OF ASSET A NONE	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L OVER $50,000,000	TYPE OF INCOME DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	AMOUNT OF INCOME I NONE	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI OVER $5,000,000	TRANSACTION P, S, E
	MICROSOFT CORP COM, STOCK							X						X											X						
	BRISTOL-MYERS SQUIBB CO COM, STOCK								X					X												X					
	MEDCO HEALTH SOLUTIONS INC COM, STOCK						X													X											
	MERCK & CO INC COM, STOCK								X					X												X					
	PFIZER INC COM									X				X														X			
	UNITEDHEALTH GRP INC COM, STOCK						X							X							X										
	ZIMMER HLDGS INC COM, STOCK						X													X											
	ANADARKO PETE CORP COM							X						X									X								
	BP PLC SPONSORED ADR								X					X												X					
	EXXON MOBIL CORP COM, STOCK									X				X													X				
	ROYAL DUTCH SHELL PLC - ADR A, STOCK									X				X												X					
	DUKE ENERGY CORP COM, STOCK								X					X												X					
	VERIZON COMMUNICATIONS COM, STOCK								X					X												X					
	AMERICAN INTL GRP INC COM, STOCK									X				X												X					
	BERKSHIRE HATHAWAY INC DEL CL A, STOCK									X										X											
	BERKSHIRE HATHAWAY INC DEL CL B, STOCK					X														X											
	CITIGROUP INC COM, STOCK							X						X												X					
	FIRST CHARTER CORP COM, STOCK									X				X													X				

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT C
ASSETS OF TRUST C A CANNON (322)

Mr. Hayes owns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	JP MORGAN CHASE & CO COM, STOCK						X							X										X							
	CT COMMUNICATIONS INC COM, STOCK	X															X											X			
	SONY CORP ADR NEW COM, STOCK																X									X					

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT D
ASSETS OF BARBARA W. HAYES TRUST

		VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L																	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	I NONE	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI OVER $5,000,000	P, S, E
SP	AMERICAN INTL GRP INC COM, STOCK				X									X								X									
SP	ANHEUSER BUSCH COS INC COM, STOCK				X									X								X									
SP	BERKSHIRE HATHAWAY INC DEL CL B, STOCK				X															X											
SP	CEMEX SAB DE CV ADR CTF NEW, STOCK			X										X								X									P
SP	CHEVRONTEXACO CORP COM, STOCK				X									X								X									
SP	COMCAST HLDGS INC CL A, STOCK				X															X											
SP	EMERSON ELEC CO COM, STOCK				X									X								X									
SP	FIRST DATA CORP COM, STOCK			X										X							X										
SP	JOHNSON & JOHNSON COM, STOCK				X									X								X									
SP	JP MORGAN CHASE & CO COM, STOCK				X									X									X								
SP	KIMBERLY-CLARK CORP COM, STOCK					X								X									X								
SP	MARATHON OIL CORP COM, STOCK				X									X								X									
SP	MUELLER WATER PRODUCTS INC-A COM, STOCK (FROM SPIN-OFF OF WALTER INDS INC 12-14-06)			X																X											
SP	NEWS CORP INC CLASS B COM, STOCK				X									X							X										
SP	PFIZER INC COM			X										X								X									
SP	PROCTER & GAMBLE CO COM, STOCK					X								X									X								
SP	TYCO INTL LTD NEW COM, STOCK				X									X								X									

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT D
ASSETS OF BARBARA W. HAYES TRUST

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUS	OTHER	NONE	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
SP	WAL MART STORES INC COM. STOCK				X									X								X									
SP	WALGREEN CO COM. STOCK					X								X								X									
SP	WALTER INDS INC COM. STOCK			X										X							X										P
SP	WEST UNION CO COM. STOCK (FROM SPIN-OFF OF FIRST DATA CORP 9-29-06)			X										X							X										
SP	WRIGLEY (WILLIAM) JR. CO CL B. STOCK (FROM STOCK DIVIDEND OF WRIGLEY (WILLIAM) JR. CO. STOCK)			X										X							X										
SP	WRIGLEY (WILLIAM) JR. CO. STOCK				X									X								X									
SP	ZIMMER HLDGS INC COM. STOCK				X															X											
SP	MARSHALL & ILSLEY CO MED TERM NOTE			X										X								X									
SP	WACHOVIA PT MONEY MARKET				X																	X									
SP	MASSEY ENERGY CO COM. STOCK	X															X								X						S

ROBIN HAYES
8TH DISTRICT, NORTH CAROLINA

130 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3715
FAX: (202) 225-4036
www.house.gov/hayes

COMMITTEES:
COMMITTEE ON ARMED SERVICES
COMMITTEE ON AGRICULTURE
COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE

Congress of the United States
House of Representatives
Washington, DC 20515–3308

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 10: 49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

DISTRICT OFFICES:
137 UNION STREET, SOUTH
CONCORD, NC 28025
(704) 786-1612
FAX (704) 782-1004

236 EAST FRANKLIN STREET
ROCKINGHAM, NC 28379
(910) 997-2070
FAX (910) 997-7867

TOLL FREE IN NC
(888) 707-1311

(18)

May 15, 2007

The Honorable Lorraine Miller
Office of the Clerk
U.S. House of Representatives
Washington, DC 20515

MC

Dear Ms. Miller:

A draft of my personal financial disclosure was inadvertently turned in without my signature. Here is my final copy with signature – which I understand must be technically classified as an amended copy.

Sincerely,

Robin Hayes

Robin Hayes,
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 10: 49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

ROBERT CANNON HAYES
(Full Name)

PO BOX 2000
(Mailing Address)

CONCORD NC 28026

Daytime Telephone: 704-795-2000

Filer Status	[X] Member of the U.S. House of Representatives	State NC District 8	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependant child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	N [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	N [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	✓ Robert Hayes	✓ 5/15/07

1694

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Ass t and/or Income Sourc

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Inc me

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

			Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock						X							X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts							X								X									X						
			SEE ATTACHMENTS																														

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Nam ROBERT CANNON HAYES

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Dat (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-06		X								
	FREESCALE SEMICONDUCTER CLB STOCK		X		12-4-06	X									
	GENUITY INC CLA STOCK		X		10-27-06	(WORTHLESS)									
SP	DEERE & CO STOCK	X			6-14-06	X									
SP	SYMBOL TECH. STOCK		X		6-14-06	X									
SP	CEMEX SAB DE CV ADR CTF NEW, STOCK	X			12-14-06	X									
SP	WALTER INDS INC COM, STOCK	X			10-16-06	X									
SP	MASSEY ENERGY CO COM, STOCK		X		12-11-06	X									

This page may be copied if more space is required.

Name ROBERT CANNON HAYES | Page 4 of 15

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	FNB SOUTHEAST; REIDSVILLE NC	COMMERCIAL LOAN; AIRPLANE							X			

SCHEDULE VI — GIFTS NONE

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source		Description	Valu
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Us additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER	ARCTIC SOUTHERN FARMS, LLC
PRESIDENT, DIRECTOR	MOUNT PLEASANT HOSIERY MILL, INC.
MEMBER	PALMER MOUNTAIN, LLC
DIRECTOR	CANNON FOUNDATION, INC.

SCHEDULE IX — AGREEMENTS NONE

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33 427 (mac)

Use additional sheets if more space is required.

ROBERT CANNON HAYES
ATTACHMENT TO SCHEDULE III-ASSETS AND "UNEARNED INCOME"

		VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUS	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	BERKSHIRE HATHAWAY B; STOCK			X																X											
	SOLECTRON CP; STOCK			X																X											
	EMC CORP MASS; STOCK			X																X											
	FREESCALE SEMICONDUCTOR CL. B (SPIN-OFF OF MOTOROLA INC.)	X																		X	(SOLD AT A LOSS)										S
	GENUITY INC. CL. A; STOCK	X																		X	(SOLD AT A LOSS)										S
	INTEL CORP; STOCK			X										X							X										
	JDS UNIPHASE CP NEW; STOCK		X																	X											
	MOTOROLA INC.; STOCK			X										X							X										
	ORACLE CORP; STOCK			X																X											
	VIGNETTE CORP. NEW; STOCK		X																	X											
SP	ACTIVE ASSETS MONEY TRUST/BANK DEPOSIT PROGRAM; MM			X										X		X					X										
SP	AMERICAN EXPRESS; STOCK			X										X							X										
SP	BB&T CORP.; STOCK				X									X									X								
SP	CONOCOPHILLIPS; STOCK					X								X									X								
SP	CORNING INC.; STOCK			X																X											
SP	DEERE & CO; STOCK			X										X							X										P
SP	INTEL CORP; STOCK			X										X							X										
SP	PFIZER INC.; STOCK			X										X								X									

ROBERT CANNON HAYES
ATTACHMENT TO SCHEDULE III-ASSETS AND "UNEARNED INCOME"

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
SP	SYMBOL TECH, STOCK	X												X						X (LOSS EXCEEDED DIVIDEND INCOME)											S
SP	WILLIAMS CO INC; STOCK			X										X							X										
	SUNOCO INC ; STOCK				X									X								X									
	RICHFIELD PROPERTY; CULP ROAD RICHFIELD, NC						X													X											
	WISCONSIN PROPERTY; CLINE ROAD BREED, WI				X															X											
	MOUNT PLEASANT HOSIERY MILL BLDG., MT. PLEASANT, NC						X								X									X							
	AIRPLANE; CONCORD, NC									X					X					X (NET)								X (GROSS)			
	MOUNT PLEASANT HOSIERY INC ; STOCK, MT. PLEASANT, NC	X																		X											
JT	WACHOVIA CAP ACCOUNT							X								X									X						
SP	WACHOVIA CAP ACCOUNT				X									X								X									
SP	BERKSHIRE HATHAWAY A; STOCK						X													X											
	ARCTIC SOUTHERN FARMS, LLC	X (LAND OWNED BY TRUST)													X		X			X (NET)					X (GROSS)						
	LOAN TO KEVIN SIMPSON CONCORD, NC (FINAL PAYMENT IN 2006)	X (SALE OF REAL ESTATE FINANCING)														X							X								
SP	GRAN PACIFICA RESORT S.A ; STOCK						X							X										X							
	TRUST CA CANNON DTD 12-5-51 (SEE SCHEDULE III, ATTACHMENT A)	SEE DETAIL OF HOLDINGS ON ATTACHMENT												X		X	X										X				
	TRUST CA CANNON DTD 5-12-53 (SEE SCHEDULE III, ATTACHMENT B)	SEE DETAIL OF HOLDINGS ON ATTACHMENT												X		X									X						
	TRUST CA CANNON (322) (SEE SCHEDULE III, ATTACHMENT C)	SEE DETAIL OF HOLDINGS ON ATTACHMENT												X		X	X										X				
SP	BARBARA W. HAYES TRUST (SEE SCHEDULE III, ATTACHMENT D)	SEE DETAIL OF HOLDINGS ON ATTACHMENT												X		X	X								X						

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT A
ASSETS OF TRUST C A CANNON DTD 12-5-51

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP. DC. JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	EVERGREEN MUNICIPAL MONEY MARKET					X								X										X							
	FORSYTH CNTY NC BONDS					X										X								X							
	NORTH CAROLINA STATE BONDS						X									X									X						
	UNIVERSITY OF NC BONDS					X										X								X							
	STANLEY COUNTY BONDS						X									X								X							
	CHARLOTTE NC BONDS					X										X							X								
	NEW HANOVER COUNTY NC HOSPITAL BONDS						X									X								X							
	TYCO INTL LTD NEW COM, STOCK					X								X								X									
	DUPONT E I DE NEMOURS & CO COM, STOCK					X								X			X										X				
	ALTRIA GROUP INC COM, STOCK								X					X												X					
	ANHEUSER BUSCH COS INC COM, STOCK					X								X									X								
	COMCAST HLDGS INC CL A, STOCK					X														X											
	EXPEDIA INC COM, STOCK				X															X											
	HOME DEPOT INC COM, STOCK				X									X								X									
	IAC/INTERACTIVECORP COM, STOCK				X															X											
	KONINKLIJKE PHILIPS ELECTRS N V N Y REGISTRY SH NEW 2000, STOCK					X								X									X								
	NEWS CORP INC CLASS B COM, STOCK					X								X								X									
	CISCO SYS INC COM, STOCK				X															X											
	FIRST DATA CORP COM, STOCK				X									X							X										

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT A
ASSETS OF TRUST C A CANNON DTD 12-3-51

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUS	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	WEST UNION CO COM, STOCK				X									X							X										
	CHEVRONTEXACO CORP COM, STOCK						X							X										X							
	EXXON MOBIL CORP COM, STOCK						X							X										X							
	ROYAL DUTCH SHELL PLC - ADR A, STOCK						X							X											X						
	DUKE ENERGY CORP COM, STOCK						X							X											X						
	AMERICAN INTL GRP INC COM, STOCK							X						X										X							
	BERKSHIRE HATHAWAY INC DEL CL B, STOCK					X														X											

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT B
ASSETS OF TRUST C A CANNON DTD 5-12-53

Mr Hayes earns a fraction of the income generated from this trust
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	EVERGREEN MUNICIPAL MONEY MARKET							X						X											X						
	GENERAL ELEC CO COM, STOCK									X				X												X					
	PITNEY-BOWES INC COM, STOCK							X						X											X						
	TYCO INTL LTD NEW COM, STOCK						X							X									X								
	ALTRIA GROUP INC COM, STOCK									X				X													X				
	ANHEUSER BUSCH COS INC COM, STOCK						X							X										X							
	DIAGEO PLC SPONSORED ADR NEW, STOCK						X							X											X						
	NESTLE S A SPONSORED ADR REPSTG REG SH, STOCK								X					X											X						
	COMCAST HLDGS INC CL A, STOCK						X													X											
	EXPEDIA INC COM, STOCK				X															X											
	IAC/INTERACTIVECORP COM, STOCK				X															X											
	MCDONALDS CORP COM, STOCK							X						X											X						
	NEWS CORP INC CLASS B COM, STOCK						X							X								X									
	INTL BUSINESS MACHINES CORP COM, STOCK						X							X									X								
	MICROSOFT CORP COM, STOCK						X							X									X								
	BRISTOL-MYERS SQUIBB CO COM, STOCK							X						X											X						
	MERCK & CO INC COM, STOCK								X					X												X					

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT B
ASSETS OF TRUST C A CANNON DTD 5-12-53

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	PFIZER INC COM								X					X												X					
	UNITEDHEALTH GRP INC COM, STOCK						X							X							X										
	ZIMMER HLDGS INC COM, STOCK					X														X											
	ROYAL DUTCH SHELL PLC - ADR A, STOCK								X					X												X					
	DUKE ENERGY CORP COM, STOCK						X							X											X						
	AMERICAN INTL GRP INC COM, STOCK								X					X											X						
	CITIGROUP INC COM, STOCK						X							X											X						
	JP MORGAN CHASE & CO COM, STOCK						X							X										X							
	LINCOLN NATL CORP COM					X								X									X								
	PROMISSORY NOTE FROM ROBERT C HAYES									X						X												X			
	CABIN, LAKE COUNTY, MN				X										X							X									
	LAND W/ 2 CABINS, LAKE COUNTY, MN				X															X											
	TIMBER, LAKE COUNTY, MN								X											X											
	LAND, SHELDON, SC									X					X											X					
	LAND, LAKE COUNTY, MN									X										X											

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT C
ASSETS OF TRUST C A CANNON (322)

Mr Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr Hayes

		VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	EVERGREEN MUNICIPAL MONEY MARKET								X					X												X					
	NORTH CAROLINA STATE BONDS									X						X											X				
	UNIVERSITY NC CHAPEL HILL BONDS						X									X									X						
	NEW HANOVER COUNTY NC BONDS							X								X									X						
	BUNCOMBE COUNTY NC BONDS								X							X										X					
	CHARLOTTE NC BONDS							X								X									X						
	CARY C BONDS							X								X										X					
	GREENVILLE NC BONDS							X								X										X					
	ORANGE COUNTY NC BONDS							X								X										X					
	MECKLENBURG COUNTY NC BONDS									X						X										X					
	CHARLOTTE NC STORM WATER BONDS							X								X										X					
	NC EDUCATIONAL FACULTIES BONDS								X							X										X					
	COGDELL SPENCER INC COM. STOCK							X						X												X					
	IDEARC INC COM. STOCK				X									X									X								
	GENERAL ELEC CO COM. STOCK									X				X														X			
	MASCO CORP COM. STOCK								X					X												X					
	PITNEY-BOWES INC COM. STOCK								X					X												X					

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT C
ASSETS OF TRUST C A CANNON (322)

Mr Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr Hayes

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	3M CO COM, STOCK									X				X											X						
	TYCO INTL LTD NEW COM, STOCK							X						X										X							
	DU PONT E I DE NEMOURS & CO COM, STOCK						X							X											X						
	ALTRIA GROUP INC COM, STOCK									X				X													X				
	ANHEUSER BUSCH COS INC COM, STOCK						X							X										X							
	DIAGEO PLC SPONSORED ADR NEW, STOCK						X							X											X						
	KIMBERLY-CLARK CORP COM, STOCK						X							X										X							
	NESTLE S A SPONSORED ADR REPSTG REG SH, STOCK									X				X											X						
	COMCAST HLDGS INC CL A, STOCK						X													X											
	EXPEDIA INC COM, STOCK			X																X											
	HOME DEPOT INC COM, STOCK						X							X										X							
	IAC/INTERACTIVECORP COM, STOCK					X														X											
	KONINKLIJKE PHILIPS ELECTRS N V N Y REGISTRY SH NEW 2000, STOCK						X							X										X							
	NEWS CORP INC CLASS B COM, STOCK							X						X									X								
	CISCO SYS INC COM, STOCK						X													X											
	DELL INC COM, STOCK						X													X											
	INTEL CORP COM, STOCK						X							X										X							
	INTL BUSINESS MACHINES CORP COM STOCK									X				X											X						

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT C
ASSETS OF TRUST C A CANNON (322)

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	MICROSOFT CORP COM, STOCK							X						X											X						
	BRISTOL-MYERS SQUIBB CO COM, STOCK								X					X												X					
	MEDCO HEALTH SOLUTIONS INC COM, STOCK						X													X											
	MERCK & CO INC COM, STOCK								X					X												X					
	PFIZER INC COM									X				X														X			
	UNITEDHEALTH GRP INC COM, STOCK						X							X							X										
	ZIMMER HLDGS INC COM, STOCK						X													X											
	ANADARKO PETE CORP COM							X						X									X								
	BP PLC SPONSORED ADR								X					X												X					
	EXXON MOBIL CORP COM, STOCK									X				X													X				
	ROYAL DUTCH SHELL PLC - ADR A, STOCK									X				X												X					
	DUKE ENERGY CORP COM, STOCK								X					X												X					
	VERIZON COMMUNICATIONS COM, STOCK								X					X												X					
	AMERICAN INTL GRP INC COM, STOCK									X				X												X					
	BERKSHIRE HATHAWAY INC DEL CL A, STOCK									X										X											
	BERKSHIRE HATHAWAY INC DEL CL B, STOCK					X														X											
	CITIGROUP INC COM, STOCK							X						X												X					
	FIRST CHARTER CORP COM, STOCK									X				X													X				

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT C
ASSETS OF TRUST C A CANNON (322)

Mr. Hayes earns a fraction of the income generated from this trust.
Securities and other assets held in this trust are for the benefit of future owners, not Mr. Hayes.

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	JP MORGAN CHASE & CO COM. STOCK						X							X										X							
	CT COMMUNICATIONS INC COM. STOCK	X															X											X			
	SONY CORP ADR NEW COM. STOCK																X									X					

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT D
ASSETS OF BARBARA W. HAYES TRUST

SP, DC, JT	ASSET AND/OR INCOME SOURCE	VALUE OF ASSET: A NONE	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,000-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L OVER $50,000,000	TYPE OF INCOME: DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	AMOUNT OF INCOME: I NONE	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI OVER $5,000,000	TRANSACTION P, S, E
SP	AMERICAN INTL GRP INC COM, STOCK				X									X								X									
SP	ANHEUSER BUSCH COS INC COM, STOCK				X									X								X									
SP	BERKSHIRE HATHAWAY INC DEL CL B, STOCK				X															X											
SP	CEMEX SAB DE CV ADR CTF NEW, STOCK			X										X								X									P
SP	CHEVRONTEXACO CORP COM, STOCK				X									X								X									
SP	COMCAST HLDGS INC CL A, STOCK				X															X											
SP	EMERSON ELEC CO COM, STOCK				X									X								X									
SP	FIRST DATA CORP COM, STOCK			X										X							X										
SP	JOHNSON & JOHNSON COM, STOCK				X									X								X									
SP	JP MORGAN CHASE & CO COM, STOCK				X									X									X								
SP	KIMBERLY-CLARK CORP COM, STOCK					X								X									X								
SP	MARATHON OIL CORP COM, STOCK				X									X								X									
SP	MUELLER WATER PRODUCTS INC-A COM, STOCK (FROM SPIN-OFF OF WALTER INDS INC 12-14-06)			X																X											
SP	NEWS CORP INC CLASS B COM, STOCK				X									X							X										
SP	PFIZER INC COM			X										X								X									
SP	PROCTER & GAMBLE CO COM, STOCK					X								X									X								
SP	TYCO INTL LTD NEW COM, STOCK				X									X								X									

ROBERT CANNON HAYES
SCHEDULE III, ATTACHMENT B
ASSETS OF BARBARA W. HAYES TRUST

		VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME											TRANSACTION
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED/BLIND TRUST	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
SP	WAL MART STORES INC COM, STOCK				X									X								X									
SP	WALGREEN CO COM, STOCK					X								X								X									
SP	WALTER INDS INC COM, STOCK			X										X							X										P
SP	WEST UNION CO COM, STOCK (FROM SPIN-OFF OF FIRST DATA CORP 9-29-06)			X										X							X										
SP	WRIGLEY (WILLIAM) JR CO CL B, STOCK (FROM STOCK DIVIDEND OF WRIGLEY (WILLIAM) JR CO, STOCK)			X										X							X										
SP	WRIGLEY (WILLIAM) JR. CO, STOCK				X									X								X									
SP	ZIMMER HLDGS INC COM, STOCK				X															X											
SP	MARSHALL & ILSLEY CO MED TERM NOTE			X										X								X									
SP	WACHOVIA PT MONEY MARKET				X																	X									
SP	MASSEY ENERGY CO COM, STOCK	X															X								X						S

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 5:07
HC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

(11)

Dean Arthur Heller
(Full Name)

110 Plantation Drive (202) 225-6155
(Mailing Address) Daytime Telephone

Carson City, NV 89703

Filer Status	[X] Member of the U.S. House of Representatives	State: NV District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	N [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Dean Heller	5/15/07

1711

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Nv, Carson City	Salary	78,265
	Carson City School District (spouse)	spouse salary	4,509

For payments to charity in lieu of honoraria, use Schedule II.

Nam	Dean Heller	Pag	3 of 10

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500

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Nam Dean Heller | Pag 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Inc m

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	L	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	Block E: P, S, E
SP		SP	Mega Corp Stock					X								X																			P
DC	*Examples*		Simon & Schuster		Indefinite																	Royalties										X			
JT			1st Bank of Paducah, KY accounts						X									X										X							
DC	Bank of America					X													X					X											
DC	Bank of America							X											X						X										
DC	Bank of America							X											X						X										
DC	Bank of America						X												X					X											
JT	Bank of America					X													X					X											

For additi nal assets and un arned income, use next pag .

1714

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Dean Heller

Page 5 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Bromberg Family Ltd Partner (See Attachment)									X							X											X				
SP	AD Clark Family Ltd Partner % of Los Angeles, Ca Rental Property								X							X										X						
JT	Mass Mutal Life Ins				X																											
JT	Mass Mutal Life Ins			X																												
	Loan to Heller for Congress				X									X							X											

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Brombach Family LTD Partner

Municipal Bonds	Asset Value	Estimated Income(12/31/05)
RIVERSIDE CO CA TRCOM	$35, 613	$1,986.49
LOS ANGELES CA MTA SLS	$107,236.29	$6,115
SAN JOSE CA REDEV AGY	$74,535.18	$ 4,311.70
SAN JOSE CA REDEV AGY	$33,027.56	$1,907.02
CABRILLO CA UNI SCH DIST	$42,343.51	$2,155.92
CLOVIS CA UNI SCH DIST	$69,621.71	$2,763.86
UNIVERSITY CA REVS MLTPL	$70,421.88	$3,454.86
SANTA ANA CA CMNTY REDEV	$56,244.64	$2,625.66
BELL CA CMNTY HSG AUTH	$22,370.05	$884.34
STOCKTON-EAST WD CA COP	$72,929.02	$2,874.42
LOS ANGELES CA UNI SCH	$109,042.90	$5,441.49
SOLANO CNTY CALIF CMNTY	$84,485.53	$3,316.66
FONTANA CA PFA TAX ALLOC	$55,014.10	$1,934.66
METRO WTR DIST SOUTHN CA	$93,359.29	$4,642.42
FREMONT CA UN HSD SANTA	$49,452.52	$1,934.66
CALIFORNIA ST ECONOMIC	$90,541.18	$4,353.16
SAN JOAQUIN CA DELTA CCD	$70,714.88	$2,763.86
BVRL HLLS CA PUB FN AT	$60,176.15	$2,902.06
CENTRAL COAST WTR AUTH	$75,274.78	$3,454.86
RICHMOND CA WASTEWTR REV	$68,442.58	$3,109.36
SOUTHERN CA PPA TRANSMSN	$55,280	N/A
SAN FRANCISCO CA CMNTY	$84,314.18	$3,938.56

CALIF ST DPT WTR RES PSR	$34,550	N/A
LIVERMORE-AMADOR VY WTR	$43,375.45	$2,073
SAN MATEO CA UN HIGH SCH	$73,528.62	$3,454.86
EAST BAY CA MUD WTR SYS	$51,825	N/A
CMA CA MUNICIPAL MONEY FUND	$17,673.89	$546.03
TOTAL	$1,468,039.80	$74,931.40

SCHEDULE IV — TRANSACTIONS

Nam Dean Heller | Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Bank of America Visa	revolving credit	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Valu
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days

This page may be copied if more space is required.

Name Dean Heller	Page 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Boys and Girls Club of Western NV

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

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HOUSE OF REPRESENTATIVES
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(6)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A Pag 1 of 6

For use by Members, officers, and employees

Jeb Hensarling
(Full Name)

132 Cannon House Office Building Washington, DC 20515
(Mailing Address)

202-225-3484
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: TX, District: 05	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jeb Hensarling	5/14/07

1722

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name J b Hensarling

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Typ f Incom** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Aleris, Inc - Stock	None	CAPITAL GAINS	$100,001 - $1,000,000	S
Bank of America Checking	$1,001 - $15,000			
Coca Cola - Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Cohen and Steers Realty Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
Dallas National Bank - Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Dreyfus Disciplined Stock Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jeb H nsarling

	Dreyfus Emerging Leader Fund	$100,001 - $250,000	DIVIDENDS	$15,001 - $50,000	
	Equity Residential Property Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Family Support Assurance - Stock	$1 - $1,000		NONE	
	Fidelity Municipal Money Market Fund	$250,001 - $500,000	DIVIDENDS	$5,001 - $15,000	
	Fidelity Overseas Fund	$50,001 - ~~$100,000~~	DIVIDENDS	$5,001 - $15,000	
	Fidelity Select Biotechnology Fund	$50,001 - $100,000		NONE	
	Fidelity Select Electronics Fund	$100,001 - $250,000	DIVIDENDS	$1 - $200	
	Fidelity Select Financial Services Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
	Fidelity VIP Contra Fund	$50,001 - $100,000		NONE	
	Fidelity VIP Dynamic Appreciation Fund	$50,001 - $100,000		NONE	
	Fidelity VIP Growth Opportunities Fund	$50,001 - $100,000		NONE	
	Green Mountain Energy Company - Stock	None	CAPITAL GAINS	$2,501 - $5,000	S
	Micheal's - Stock	None	DIVIDENDS/CAPITAL GAINS	$100,001 - $1,000,000	S
	Morgan Stanl y Emerging Market Debt Fund	$50,001 - $100,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jeb Hensarling

	Neuberger and Berman Genesis Fund	$15,001 - $50,000		NONE	
	Pimco Total Return Fund	$1 - $1,000			
	Schwab 1000 Fund	$15,001 - $50,000		NONE	
	Smith and Barney IRA	$15,001 - $50,000		NONE	
	Vanguard S&P 500 Fund	$500,001 - $1,000,000	DIVIDENDS	$5,001 - $15,000	
	Zixit - Stock	$1,001 - $15,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name Jeb Hensarling

R port any purchase, sale or exchang by you, your spouse, or dependent child during the reporting year of any real property, stocks, bond , c mmodities futures, or th r securiti s wh n the amount of the transacti n or s ri s of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, y ur spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provid a bri f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Aleris, Inc - Stock	S	5/24/06	$100,001 - $250,000
	Aleris, Inc. - Stock	S	12/20/06	$50,001 - $100,000
	Michaels - Stock	S	10/31/06	$100,001 - $250,000
	Green Mountain Energy Company - Stock	S	6/2/06	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jeb H nsarling

Identify th sourc and list trav l itinerary, dates, and nature of xpense provided for travel and trav l-related exp ns s totaling more than $305 rec ived by y u, y ur spous , or a dependent child during th reporting peri d. Indicate wheth r a family memb r acc mpanied the trav ler at the sponsor's expens , and th amount of time, if any, that was n t at the sponsor's expens . Disclosure is required regardless of whether th expenses were reimbursed r paid directly by th sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provid d t a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at spons r's expense
The Heritage Foundation	Jan. 29-31	Washington, DC - Baltimore, MD	Y	Y	N	None
Club For Growth	Feb. 18	Dallas, TX - Aventura, FL	N	Y	N	None

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Walter William Herger Jr.
(Full Name)

2268 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-3076
Daytime Telephone

Filer Status ✓ Member of the U.S. House of Representatives — State: CA District: 02 — Officer Or Employee — Employing Office: [redacted]

Report Type ✓ Annual (May 15) — Amendment — Termination — Termination Date: [redacted]

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ✓ No
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes No ✓
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ✓ No
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ✓ No
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes No ✓
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes N ✓
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ✓ No
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable position on or before the date of filing in the current calendar year? Yes ✓ No
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes No ✓
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes No ✓

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and *willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).*

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Walter W. Herger Jr.	6-13-07

SCHEDULE I - EARNED INCOME

Name Walter William Herger Jr.

List the sourc , type, and amount of arned inc me from any s urc (ther than the filer's current empl yment by the U.S. G v rnm nt) totaling $200 r more during the preceding calendar year. For a spouse, list the sourc and amount of any honoraria; list only th s urc f r ther pous earned income xceeding $1,000.

Source	Type	Amount
Catholic Health Care West	Spouse Salary	N/A
ORION Services of Chico	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Walter William Herger Jr.

	BLOCK A **Ass t and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Inc me** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchas s (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	4th Ave, Rio Oso CA (Office - rental) [Footnote 1]	$250,001 - $500,000	RENT	$15,001 - $50,000	
	4th Ave, Rio Oso, CA (House - rental)	$250,001 - $500,000	RENT	$5,001 - $15,000	
JT	American Funds "Growth Fund of America - C" (mutual fund)	$15,001 - $50,000	DIVIDENDS/CAPI TAL GAINS	$201 - $1,000	PS&E
JT	American Funds "US Gov't Securities - C" (mutual fund) - liquidated during the year	None	DIVIDENDS/CAPI TAL GAINS	$1 - $200	S, E
JT	Capital Federal Savings (Interest Bearing Money Market Account)	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Walter William Herger Jr.

	Herger Gas Inc.; Propane Gas Distribution, Rio, Oso, CA (S Corp Stock) [Footnote 2]	$1,000,001 - $5,000,000	Other: (Please specify) Distribution of earnings	$5,001 - $15,000	
	Herger Ranch, Rio Oso CA	$1,000,001 - $5,000,000	RENT	$50,001 - $100,000	
	Pacific Life "Pacific One Select" (Variable Annuity - IRA) [Footnote 3]	$100,001 - $250,000	CAPITAL GAINS/DIVIDENDS	See attached	E, S
	Pacific Life "Pacific One Select" (Variable Annuity - non-qualified)	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	See attached	P
	Pacific Life "Pacific Value" (Variable Annuity- IRA) [Footnote 4]	$500,001 - $1,000,000	CAPITAL GAINS/DIVIDENDS	See attached	E

SCHEDULE IV - TRANSACTIONS

Name Walter William Herger Jr.

Report any purchas , sale or exchange by y u, your spouse, or dependent child during th reporting year of any real prop rty, stocks, b nds, commodities futures, or other s curities wh n th amount f the transaction r series of transactions exceeded $1,000. Include transactions that resulted in a l ss. Do n t report a transaction between you, your spouse, or your d pendent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	American Funds "Growth Fund of America - C" (mutual fund)	PS&E	See attached	See attached
	American Funds "US Gov't Securities C" (mutual fund) - transferred into Growth Fund of America, above	S, E	See attached	See attached
	Pacific Life "Pacific One Select" (Variable Annuity - IRA)	S, E	See attached	See attached
	Pacific Life "Pacific One Select" (Variable Annuity - non-qualified)	P	See attached	See attached
	Pacific Life - "Pacific Value" (Variable Annuity - IRA)	E	See attached	See attached

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Walter William Herger Jr.

Identify the sourc and list travel itinerary, dates, and nature of expenses provided for trav l and travel-related exp nses totaling more than $305 received by you, your spouse, or a dep nd nt child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's xpense, and the am unt of time, if any, that was n t at th sp nsor's expense. Disclosure is required regardle s of wh ther the expenses were reimbursed or paid directly by the epons r. Exclude: Travel-related xpenses pr vided by federal, state, and local governments, or by a foreign government required to be separately rep rted under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Jan 29-31	DC-Baltimore-DC	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Walter William Herger Jr.

Report all positions, compensat d r uncompensated, held during the current cal ndar year as an offic r, director, trust of an organization, partner, propri tor, representative, empl yee, r consultant of any c rporation, firm, partnership, or any business enterprise, any nonprofit rganizati n, any labor rganization, or any educational or other institution other than the United States. Exclude: Positions h id in any religious, social, fraternal, or political ntities; positions s lely of an hon rary nature; and positions listed on Schedul I.

Position	Name of Organization
President/Director (Uncompensated)	Herger Gas Inc. (Propane Gas Distribution, Rio Oso, CA)

FOOTNOTES

Name Walter William Herger Jr.

Numb r	Section / Schedule	Footnote	This note refers to the foll wing item
1	Schedule III	This is not a new asset relative to my 2005 Financial Disclosure (FD). Rather, it is being reported separately this year to maintain consistency with my 2006 tax filings. Specifically, for accounting purposes, in tax year 2006 I reported to the IRS the unearned rental income of the "office" separately from the ranch property where it is located. This was a change from prior years. Similarly, on last year's (2005) FD form, the value of the office and the unearned income associated with it were included and reported as part of the ranch. This year it is being reported separately.	4th Ave, Rio Oso CA (Office, rental)
2	Schedule III	Last year, this asset -- "Herger Gas Inc." -- was listed three separate times in order to a) maintain consistency with my 2005 income tax filings and b) fully and accurately disclose the three distinct types of unearned income associated with that asset (see 2006 FD, and specifically footnote 1). This year, because there was only one (1) type of unearned income associated with that asset, it is listed only once.	Herger Gas Inc.; Propane Gas Dist. (S Corp Stock)
3	Schedule III	Last year's "Model B."	Pacific Life "Pacific One Select"
4	Schedule III	Last year's "Model E."	Pacific Life "Pacific Value"

Historical account balance

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« Return to Account Summary

As of December 31, 2006
Total value: $15,033.10
Non-retirement accounts: $15,033.10
Retirement accounts: $0.00

Select a different date

A balance could not be returned for one or more of your accounts.

WALTER W HERGER JR &
PAMELA C HERGER JT WROS

Account: [redacted]

Fund Name	Shares December 31, 2006	NAV December 31, 2006	Market Value December 31, 2006
THE GROWTH FUND OF AMERICA - C (305)	473.782	$31.73	$15,033.10
U.S. GOVERNMENT SECURITIES FUND - C (322)	0.000	$13.35	$0.00
		Account Total:	**$15,033.10**

As of December 31, 2006
Total value: $15,033.10
Non-retirement accounts: $15,033.10
Retirement accounts: $0.00

View the historical balance for a different date:

To view your historical balances, enter a specific date or select a quarter-end period using the drop-down menu and click **Submit**.

mm / dd / yyyy **OR** Select a quarter-end period: [redacted]

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Acco[redacted]

[redacted]

[redacted]

Registration:
WALTER W HERGER JR &
PAMELA C HERGER JT WROS

Trade Date	Confirmation Number	Transaction	Transaction Amount	Share Price	Shares This Transaction	Share Balance
01/09/2007	222	DEFERRED SALES CHARGE	$ 92.14	$31.54	2.921	15.853
01/09/2007	222	FUNDSLINK REDEMPTION	$14,350.94	$31.54	455.008	18.774
12/18/2006	9999888	CAPITAL GAIN 1.10	$ 503.17	$31.90	15.773	473.782
12/18/2006	9999888	INCOME DIVIDEND 0.0405	$ 18.53	$31.90	0.581	458.009
11/27/2006	1400014	DIRECT INVESTMENT	$10,000.00	$32.47	307.977	457.428
11/24/2006	300	REINVEST FROM GVT-C	$ 11.56	$32.88	0.352	149.451
11/22/2006	222	EXCHANGE FROM GVT-C	$ 4,689.42	$32.96	142.276	149.099
06/12/2006	222	EXCHANGE TO GVT-C	$ 4,286.85	$29.24	146.609	6.823
06/12/2006	222	DEFERRED SALES CHARGE	$ 50.51	$29.24	1.727	153.432
06/12/2006	222	FUNDSLINK REDEMPTION	$ 5,000.00	$29.24	170.999	155.159
01/18/2006	222	DEFERRED SALES CHARGE	$ 49.87	$30.66	1.627	326.158
01/18/2006	222	FUNDSLINK REDEMPTION	$ 6,139.25	$30.66	200.236	327.785
12/19/2005	9999888	CAPITAL GAIN 0.225	$ 117.92	$29.83	3.953	528.021

09/16/2005	222	EXCHANGE FROM GVT-C	$ 5,000.00	$28.73	174.034	524.068
09/16/2005	222	FUNDSLINK PURCHASE	$10,000.00	$28.73	348.068	350.034
05/03/2005	222	EXCHANGE TO GVT-C	$ 5,938.24	$25.43	233.513	1.966
05/02/2005	222	EXCHANGE TO GVT-C	$ 4,019.65	$25.48	157.757	235.479
04/26/2005	2200029	DIRECT INVESTMENT	$10,000.00	$25.43	393.236	393.236

*Pending transactions on your account will be shown above in orange. Pending transactions have been successfully transmitted to American Funds; however, because the transactions have not yet been accepted or posted to your account, they are not reflected in your current share balance. American Funds reserves the right to reject any transaction. If pending transactions are accepted, your updated share balance will be available the following morning. Pending transactions are subject to written confirmation from American Funds.

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PRIVACY | Business continuity | Career opportunities | Comments?

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Acc unt [redacted]
[redacted] SECURITIES FUND - C (322)

[redacted]

Registration:
WALTER W HERGER JR &
PAMELA C HERGER JT WROS

Trade Date	Confirmation Number	Transaction	Transaction Amount	Share Price	Shares This Transaction	Share Balance
11/22/2006	0	DIV EXCH TO	$ 11.56	$ 0.00	0.000	0.000
11/22/2006	222	EXCHANGE TO GFA-C	$ 4,689.42	$13.43	349.175	0.000
10/27/2006	9999888	INCOME DIVIDEND	$ 13.20	$13.36	0.988	349.175
09/28/2006	9999888	INCOME DIVIDEND	$ 13.56	$13.38	1.013	348.187
08/28/2006	9999888	INCOME DIVIDEND	$ 13.56	$13.28	1.021	347.174
07/28/2006	9999888	INCOME DIVIDEND	$ 13.64	$13.18	1.035	346.153
06/28/2006	9999888	INCOME DIVIDEND	$ 7.74	$13.00	0.595	345.118
06/12/2006	222	EXCHANGE FROM GFA-C	$ 4,286.85	$13.18	325.254	344.523
05/26/2006	9999888	INCOME DIVIDEND	$ 0.60	$13.14	0.046	19.269
04/28/2006	9999888	INCOME DIVIDEND	$ 0.75	$13.16	0.057	19.223
03/28/2006	9999888	INCOME DIVIDEND	$ 0.58	$13.29	0.044	19.166
02/28/2006	9999888	INCOME DIVIDEND	$ 0.61	$13.42	0.045	19.122
01/27/2006	9999888	INCOME DIVIDEND	$ 8.25	$13.45	0.613	19.077
01/18/2006	222	DEFERRED SALES CHARGE	$ 47.18	$13.54	3.484	18.464
01/18/2006	222	FUNDSLINK withdrawal (sale)	$ 4,736.47	$13.54	349.814	21.948

- 4549.91
4148.61
72.99
4221.60

2005 TRANSACTIONS

		REDEMPTION				
12/28/2005	9999888	INCOME DIVIDEND	$ 13.29	$13.50	0.984	371.762
11/28/2005	9999888	INCOME DIVIDEND	$ 13.29	$13.47	0.987	370.778
10/28/2005	9999888	INCOME DIVIDEND	$ 16.08	$13.40	1.200	369.791
09/20/2005	9999888	INCOME DIVIDEND	$ 22.92	$13.61	1.684	368.591
09/16/2005	222	EXCHANGE TO GFA-C	$ 5,000.00	$13.61	367.377	366.907
08/19/2005	9999888	INCOME DIVIDEND	$ 22.37	$13.62	1.642	734.284
07/20/2005	9999888	INCOME DIVIDEND	$ 24.59	$13.65	1.801	732.642
06/20/2005	9999888	INCOME DIVIDEND	$ 22.96	$13.70	1.676	730.841
05/20/2005	9999888	INCOME DIVIDEND	$ 12.76	$13.69	0.932	729.165
05/03/2005	222	EXCHANGE FROM GFA-C	$ 5,938.24	$13.67	434.399	728.233
05/02/2005	222	EXCHANGE FROM GFA-C	$ 4,019.65	$13.68	293.834	293.834

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(3)

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Prepared For

WALTER WILLIAM HERGER JR
[redacted]

Your Registered Representative
RICHARD E JONES
H & W SECURITIES LLC
95 DECLARATION DR STE 4
CHICO CA 95973-4916
(530) 343-4100

Customer Service **1-800-722-2333**
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Pacific One Select

Contract Information

Pacific One Select

Contract Number	[redacted]
Owner	WALTER WILLIAM HERGER JR
Joint Owner	none
Annuitant	WALTER WILLIAM HERGER JR
Joint Annuitant	none
Plan Type	IRA
Issue Date	08/05/2005

Active Programs

Phone/Electronic Authorization (All)
Electronic Delivery

Summary Values

Year-to-Date Contract Summary

Contract Value on 12/31/2005	$256,354.75
Total Payments	$0.00
Total Withdrawals	$125,000.00
Surr nder Value on 12/31/2006	$123,244.65
Death Benefit on 12/31/2006	$130,598.43
Contract Value on 12/31/2006	$123,244.65

Historical Contract Summary

Current Value 12/31/2006	$123,244.65
Last Quarter Value 09/30/2006	$114,432.04
Value 12 Months Prior 12/31/2005	$256,354.75
Total Payments Since 08/05/2005	$252,708.91
Total Withdrawals Since 08/05/2005	$125,000.00

Investor Information

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You can obtain your contract value at any time by using one of the following methods: 1) Go to "My Account" on our Web site, 2) Call our Customer Service Specialists at (800) 722-2333 between 6:00 a.m. and 5:00 p.m. Pacific Time, or 3) Call our automated VRU (Voice Response Unit) at the same number, 24 hours a day, 7 days a week.

To receive e-mail notification when statements, prospectus updates, annual reports, etc. are available, talk to your financial professional, who can help you complete and return the Telephone/Electronic Authorization form (1624-4A). You can also enroll on our Web site or call (800) 722-2333.

The Fair Market Value of your contract, the December 31, 2006 balance, is provided to the IRS. If you made a contribution or completed a conversion, recharacterization or rollover in 2006, you will receive IRS Form 5498 from Pacific Life in June.

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Contract Numb[redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service 1-800-722-2333
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Investment Performance

Variable Opti ns	Total Value as of 09/30/2006	Units Held as of 12/31/2006	Unit Value as of 12/31/2006	Total Value as of 12/31/2006	Change in Value sinc 09/30/2006
International Value	$114,432.04			$0.00	$114,432.04-
International Large-Cap	$0.00	7,940.5285	15.520963	$123,244.65	$123,244.65
Total	$114,432.04			$123,244.65	$8,812.61

Contract Activity from January 1, 2006 through December 31, 2006

Transfers

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transacti n Amount
02/05/2006	Rebalance From	Diversified Research	11.5683-	11.916205	$137.85-
		International Large-Cap	24.3128-	13.048264	$317.24-
		Main Street Core	16.1663-	10.223735	$165.28-
		Comstock	3.5296-	11.046540	$38.99-
		Mid-Cap Value	9.6880-	16.674278	$161.54-
		International Value	12.6478-	12.247159	$154.90-
		High Yield Bond	0.0692-	11.848280	$0.82-
		Large-Cap Value	11.0217-	11.194249	$123.38-
		Total			$1,100.00-
02/05/2006	Rebalance To	Inflation Managed	11.3385	13.173664	$149.37
		Managed Bond	13.8975	12.276272	$170.61
		Money Market	22.7704	10.081053	$229.55
		Short Duration Bond	55.3529	9.944729	$550.47
		Total			$1,100.00
04/17/2006	Transfer From	Diversified Research	2.3130-	12.017340	$27.80-
		Main Street Core	402.2579-	10.449489	$4,203.39-
		Comstock	5.3594-	11.229668	$60.18-
		Inflation Managed	1,418.8446-	12.744750	$18,082.82-
		Managed Bond	2,066.3334-	12.160130	$25,126.88-
		Money Market	1,324.3637-	10.130050	$13,415.87-
		High Yield Bond	676.0973-	11.954907	$8,082.68-
		Short Duration Bond	3,222.0442-	9.965429	$32,109.05-
		Total			$101,108.67-

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Contract Number [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service 1-800-722-2333
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Contract Activity from January 1, 2006 through December 31, 2006

Transfers

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transaction Amount
04/17/2006	Transfer To	Large-Cap Growth	592.1194	9.033093	$5,348.67
		Fasciano Small Equity	499.0850	13.396196	$6,685.84
		Emerging Markets	159.4830	33.537547	$5,348.67
		International Large-Cap	1,155.5328	13.714600	$15,847.67
		Growth LT	649.6363	10.291667	$6,685.84
		Mid-Cap Value	244.5869	16.570655	$4,052.97
		International Value	594.4841	13.059372	$7,763.59
		Equity Index	844.3424	11.085752	$9,360.17
		Small-Cap Index	163.9116	16.315746	$2,674.34
		Real Estate	276.4587	24.183867	$6,685.84
		Large-Cap Value	342.5083	11.420779	$3,911.71
		American Growth	1,089.6687	12.271326	$13,371.68
		American Growth-Income	953.6445	11.217325	$10,697.34
		VN Small-Cap Value	211.9342	12.618728	$2,674.34
		Total			$101,108.67
05/05/2006	Rebalance From	Fasciano Small Equity	194.8967-	13.701618	$2,670.40-
		Emerging Markets	2.9055-	35.491447	$103.12-
		International Large-Cap	219.0167-	14.524419	$3,181.09-
		Main Street Core	253.1392-	10.739705	$2,718.64-
		Growth LT	252.0031-	10.481696	$2,641.42-
		Equity Index	358.1516-	11.430019	$4,093.68-
		Small-Cap Index	0.4319-	16.996496	$7.34-
		Real Estate	1.1087-	25.227763	$27.97-
		Large-Cap Value	116.3297-	11.853288	$1,378.89-
		American Growth	212.0156-	12.663692	$2,684.90-
		VN Small-Cap Value	0.0473-	13.113526	$0.62-
		Total			$19,508.07-
05/05/2006	Rebalance To	Large-Cap Growth	24.4421	9.013143	$220.30
		Diversified Research	112.5303	12.450516	$1,401.06
		Comstock	118.1448	11.690228	$1,381.14
		Mid-Cap Value	235.2247	17.364202	$4,084.49
		International Value	286.3183	13.802713	$3,951.97
		Mid-Cap Growth	380.7533	10.946378	$4,167.87
		American Growth-Income	11.5826	11.514726	$133.37
		International Small-Cap	410.3089	10.157883	$4,167.87
		Total			$19,508.07

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Contract Number [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service 1-800-722-2333
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Contract Activity from January 1, 2006 through December 31, 2006

Transfers

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transaction Amount
05/12/2006	Transfer From	Large-Cap Growth	616.5615-	8.578000	$5,288.86-
		Fasciano Small Equity	304.1883-	13.223805	$4,022.53-
		Diversified Research	446.3396-	12.130703	$5,414.41-
		International Large-Cap	1,243.4766-	14.447307	$17,964.89-
		Main Street Core	258.7203-	10.444425	$2,702.18-
		Comstock	475.3682-	11.473942	$5,454.35-
		Growth LT	397.6332-	10.191503	$4,052.48-
		Mid-Cap Value	800.0889-	16.831468	$13,466.67-
		International Value	1,207.8412-	13.600017	$16,426.66-
		Mid-Cap Growth	380.7533-	10.556637	$4,019.47-
		Equity Index	486.1908-	11.136745	$5,414.58-
		Small-Cap Index	163.4797-	16.127735	$2,636.56-
		Real Estate	275.3500-	24.537371	$6,756.37-
		Large-Cap Value	703.2440-	11.616932	$8,169.54-
		American Growth	877.6531-	12.296098	$10,791.71-
		American Growth-Income	965.2271-	11.261237	$10,869.65-
		VN Small-Cap Value	211.8869-	12.691409	$2,689.14-
		International Small-Cap	410.3089-	9.912554	$4,067.21-
		Total			$130,207.26-
05/12/2006	Transfer To	Emerging Markets	1,806.8492	34.535209	$62,399.91
		Technology	6,805.2851	9.963925	$67,807.35
		Total			$130,207.26
06/14/2006	Transfer From	Emerging Markets	1,963.4267-	26.804197	$52,628.08-
		Technology	6,805.2851-	8.831209	$60,098.90-
		Total			$112,726.98-
06/14/2006	Transfer To	Money Market	11,077.2532	10.176438	$112,726.98
08/24/2006	Transfer From	Money Market	11,036.5552-	10.240092	$113,015.34-
08/24/2006	Transfer To	International Value	8,570.9677	13.185832	$113,015.34
11/22/2006	Transfer From	International Value	8,570.9677-	13.952587	$119,587.17-
11/22/2006	Transfer To	International Large-Cap	7,940.5285	15.060354	$119,587.17

PACIFIC LIFE

Variable Annuity Quarterly Statem nt

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Contract Number [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service 1-800-722-2333
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Contract Activity from January 1, 2006 through December 31, 2006

Withdrawals / Fees

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transaction Amount
01/18/2006	Partial Withdrawal	Diversified Research	325.0938-	11.921115	$3,875.48-
		International Large-Cap	309.7425-	12.773997	$3,956.65-
		Main Street Core	869.8211-	10.287081	$8,947.92-
		Comstock	342.3179-	11.149052	$3,816.52-
		Mid-Cap Value	308.5199-	16.659508	$5,139.79-
		International Value	317.6093-	12.112050	$3,846.90-
		Inflation Managed	1,316.0284-	13.202245	$17,374.53-
		Managed Bond	1,919.0421-	12.383183	$23,763.85-
		Money Market	1,216.9998-	10.069246	$12,254.27-
		High Yield Bond	632.2209-	11.786165	$7,451.46-
		Large-Cap Value	456.3648-	11.188112	$5,105.86-
		Short Duration Bond	2,960.8789-	9.952035	$29,466.77-
		Total			$125,000.00-
08/05/2006	IAR Fee	Money Market	40.6980-	10.224579	$416.12-

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Contract Number [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service 1-800-722-2333
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

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To make an additional payment to your contract, mail a check and this page in the enclosed envelope. Make the check payable to Pacific Life. The ***Allocation Instructions on File*** column represents your most recent allocation instructions. Unless changes are indicated in the ***Allocations For This Payment Only*** column, your payment will be posted according to the Allocation Instructions on file.

Investment Options	Managers	Allocation Instructions on File	Allocations For This Payment Only
International Value	AllianceBernstein		
International Small-Cap	Batterymarch		
Equity Index	BlackRock		
Small-Cap Index	BlackRock		
Diversified Research	Capital Guardian		
Equity	Capital Guardian		
American Growth-Income	Capital Research		
American Growth	Capital Research		
Large-Cap Value	ClearBridge		
Technology	Columbia Management		
Short Duration Bond	Goldman Sachs		
Concentrated Growth	Goldman Sachs		
Diversified Bond	JPMorgan		
Growth LT	Janus		
Focused 30	Janus		
Health Sciences	Jennison		
Mid-Cap Value	Lazard		
Large-Cap Growth	Loomis Sayles		
Capital Opportunities	MFS		
International Large-Cap	MFS	100.0%	
Fasciano Small Equity	Neuberger Berman		
Small-Cap Value	NFJ		
Multi-Strategy	OppenheimerFunds		
Main Street Core	OppenheimerFunds		
Emerging Markets	OppenheimerFunds		
		Total Percentage Column A	

Investment Options	Managers	Allocation Instructions on File	Allocations For This Payment Only
Managed Bond	PIMCO		
Inflation Managed	PIMCO		
Money Market	Pacific Life		
High Yield Bond	Pacific Life		
Comstock	Van Kampen		
Mid-Cap Growth	Van Kampen		
Real Estate	Van Kampen		
VN Small-Cap Value	Vaughan Nelson		
		Total Percentage Column B	

Total A + B 100.0%
(Must equal 100% Use single decimal percentages only)

Signature(s) and Certification
By signing below I understand the following:
- New allocation instructions provided on this form will be applied to this payment only and will not result in a rebalancing of my account.
- If new instructions are not provided on this form, this payment will be allocated according to the current allocation instructions on file as indicated above.

Amount Enclosed: $ _____

_____
Owner Signature and Date

_____
Joint Owner Signature and Date

Tax Year: _____

Payments for your IRA may be coded for the previous tax year if received by the taxpayer's filing deadline. If a year is not indicated, the payment will be coded for the year in which it is received. SEP contributions will be applied to the year in which they are received. Please contact your tax advisor if you have any questions regarding this information.

①

PACIFIC LIFE — Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Prepared For

WALTER WILLIAM HERGER JR
[redacted]

Statement Period 12/04/2006 - 12/31/2006

Your Registered Representative
RICHARD E JONES
H B W SECURITIES LLC
95 DECLARATION DR STE 4
CHICO CA 95973-4916
(530) 343-4100

Customer Service 1-800-722-2333
Mon - Fri, 8 a.m. - 5 p.m. Pacific time

Pacific One Select

Pacific One Select

Contract Information

Contract Number	[redacted]
Owner	WALTER WILLIAM HERGER JR
Joint Owner	PAMELA C HERGER
Annuitant	PAMELA C HERGER
Joint Annuitant	WALTER WILLIAM HERGER JR
Plan Type	Non-Qualified
Issue Date	12/04/2006

Active Programs

Phone/Electronic Authorization (All)

Summary Values

Year-to-Date Contract Summary

Contract Value on 12/31/2005	$0.00
Total Payments	$45,000.00
Total Withdrawals	$0.00
Surrender Value on 12/31/2006	$45,501.26
Death Benefit on 12/31/2006	$45,501.26
Contract Value on 12/31/2006	**$45,501.26**

Historical Contract Summary

Current Value 12/31/2006	$45,501.26
Last Quarter Value 09/30/2006	$0.00
Value 12 Months Prior 12/31/2005	$0.00
Total Payments Since 12/04/2006	$45,000.00
Total Withdrawals Since 12/04/2006	$0.00

Inv stor Information

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PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statem nt Period 12/04/2006 - 12/31/2006

C ntract Number [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant PAMELA C HERGER

Customer Service 1-800-722-2333
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Investment Performance

Variable Options	Total Value as of 12/03/2006	Units Held as of 12/31/2006	Unit Value as of 12/31/2006	Total Value as of 12/31/2006	Change in Value since 12/03/2006
International Large-Cap	$0.00	2,057.1284	11.157972	$22,953.38	$22,953.38
Money Market	$0.00	2,225.7241	10.130582	$22,547.88	$22,547.88
Total	**$0.00**			**$45,501.26**	**$45,501.26**

Contract Activity from January 1, 2006 through December 31, 2006

Payments

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transaction Amount
12/04/2006	Initial Payment	International Large-Cap	1,828.5586	10.937577	$20,000.00
		Money Market	1,978.4214	10.109070	$20,000.00
		Total			**$40,000.00**
12/04/2006	Initial Payment	International Large-Cap	228.5698	10.937577	$2,500.00
		Money Market	247.3027	10.109070	$2,500.00
		Total			**$5,000.00**

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 12/04/2006 - 12/31/2006

Contract Numb [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant PAMELA C HERGER

Customer Service **1-800-722-2333**
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

This page is for adding money to your Pacific One Select contract only.
To make an additional payment to your contract, mail a check and this page in the enclosed envelope. Make the check payable to Pacific Life. The ***Allocation Instructions on File*** column represents your most recent allocation instructions. Unless changes are indicated in the ***Allocations For This Payment Only*** column, your payment will be posted according to the Allocation Instructions on file.

Investment Options	Managers	Allocation Instructions on File	Allocations For This Payment Only
International Value	AllianceBernstein		
International Small-Cap	Batterymarch		
Equity Index	BlackRock		
Small-Cap Index	BlackRock		
Diversified Research	Capital Guardian		
Equity	Capital Guardian		
American Growth-Income	Capital Research		
American Growth	Capital Research		
Large-Cap Value	ClearBridge		
Technology	Columbia Management		
Short Duration Bond	Goldman Sachs		
Concentrated Growth	Goldman Sachs		
Diversified Bond	JPMorgan		
Growth LT	Janus		
Focused 30	Janus		
Health Sciences	Jennison		
Mid-Cap Value	Lazard		
Large-Cap Growth	Loomis Sayles		
Capital Opportunities	MFS		
International Large-Cap	MFS	50.0%	
Fasciano Small Equity	Neuberger Berman		
Small-Cap Value	NFJ		
Multi-Strategy	OppenheimerFunds		
Main Street Core	OppenheimerFunds		
Emerging Markets	OppenheimerFunds		
		Total Percentage Column A	

Investment Options	Managers	Allocation Instructions on File	Allocations For This Payment Only
Managed Bond	PIMCO		
Inflation Managed	PIMCO		
Money Market	Pacific Life	50.0%	
High Yield Bond	Pacific Life		
Comstock	Van Kampen		
Mid-Cap Growth	Van Kampen		
Real Estate	Van Kampen		
VN Small-Cap Value	Vaughan Nelson		
		Total Percentage Column B	

Total A + B **100.0%**
(Must equal 100%. Use single decimal percentages only.)

Signature(s) and Certification
By signing below I understand the following:
- New allocation instructions provided on this form will be applied to this payment only and will not result in a rebalancing of my account.
- If new instructions are not provided on this form, this payment will be allocated according to the current allocation instructions on file as indicated above.

Amount Enclosed: $ _____

_____
Owner Signature and Date

_____
Joint Owner Signature and Date

(2)

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Prepar d For

WALTER WILLIAM HERGER JR
[redacted]
[redacted]0

Your Registered Representative
RICHARD E JONES
H B W SECURITIES LLC
95 DECLARATION DR STE 4
CHICO CA 95973-4916
(530) 343-4100

Customer Service 1-800-722-2333
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Pacific Value

Pacific Value

Contract Information

Contract Number	[redacted]
Owner	WALTER WILLIAM HERGER JR
Joint Owner	none
Annuitant	WALTER WILLIAM HERGER JR
Joint Annuitant	none
Plan Type	IRA
Issue Date	08/05/2005

Active Programs

Phone/Electronic Authorization (All)
Electronic Delivery

Summary Values

Year-to-Date Contract Summary

Contract Value on 12/31/2005	$655,449.72
Total Paym nts	$0.00
Total Withdrawals	$0.00
Surrender Value on 12/31/2006	$688,868.71
Death Benefit on 12/31/2006	$738,344.72
Contract Value on 12/31/2006	**$738,344.72**

Historical Contract Summary

Current Value 12/31/2006	$738,344.72
Last Quarter Value 09/30/2006	$690,481.49
Value 12 Months Prior 12/31/2005	$655,449.72
Total Payments Since 08/05/2005	$600,000.00
Total Withdrawals Since 08/05/2005	$0.00

Investor Information

Please review this statement carefully. If you identify an error on a statement, notify us in writing within 30 days from receipt of the statement on which the error occurred. Please consult your contract for specific information.

You can obtain your contract value at any time by using one of the following methods: 1) Go to "My Account" on our Web site, 2) Call our Customer Service Specialists at (800) 722-2333 between 6:00 a.m. and 5:00 p.m. Pacific Time, or 3) Call our automated VRU (Voice Response Unit) at the same number, 24 hours a day, 7 days a week.

To receive e-mail notification when statements, prospectus updates, annual reports, etc. are available, talk to your financial professional, who can help you complete and return the Telephone/Electronic Authorization form (1624-4A). You can also enroll on our Web site or call (800) 722-2333.

The Fair Market Value of your contract, the December 31, 2006 balance, is provided to the IRS. If you made a contribution or completed a conversion, recharacterization or rollover in 2006, you will receive IRS Form 5498 from Pacific Life in June.

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Contract Number [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service **1-800-722-2333**
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Investment Performance

Variable Options	Total Value as of 09/30/2006	Units Held as of 12/31/2006	Unit Value as of 12/31/2006	Total Value as of 12/31/2006	Change In Value since 09/30/2006
Large-Cap Growth	$27,737.50			$0.00	$27,737.50-
Fasciano Small Equity	$20,272.25			$0.00	$20,272.25-
Emerging Markets	$27,809.53			$0.00	$27,809.53-
Diversified Research	$27,569.50			$0.00	$27,569.50-
Main Street Core	$13,771.04			$0.00	$13,771.04-
Comstock	$27,808.97			$0.00	$27,808.97-
Growth LT	$20,900.35			$0.00	$20,900.35-
Mid-Cap Value	$69,576.58			$0.00	$69,576.58-
International Value	$82,564.90			$0.00	$82,564.90-
Mid-Cap Growth	$20,614 34			$0.00	$20,614.34-
Equity Index	$27,781.92			$0.00	$27,781.92-
Small-Cap Index	$13,732.01			$0.00	$13,732.01-
Large-Cap Value	$41,184.62			$0.00	$41,184.62-
American Growth	$54,058.79			$0.00	$54,058.79-
American Growth-Income	$55,960.62			$0.00	$55,960.62-
VN Small-Cap Value	$13,509.84			$0.00	$13,509.84-
International Small-Cap	$20,479.43			$0.00	$20,479.43-
International Large-Cap	$90,138.20	22,225.8846	10.612175	$235,864.98	$145,726.78
Real Estate	$35,011.10	12,819.2261	39.197354	$502,479.74	$467,468.64
Total	**$690,481.49**			**$738,344.72**	**$47,863.23**

Contract Activity from January 1, 2006 through December 31, 2006

Transfers

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transaction Amount
02/05/2006	Rebalance From	Fasciano Small Equity	4.6126-	11.796072	$54.41-
		Emerging Markets	215.1562-	18.437673	$3,966.98-
		International Large-Cap	394.7180-	8.901620	$3,513.63-
		International Value	2.3195-	14.826426	$34.39-
		Small-Cap Index	44.1726-	16.265951	$718.51-
		Real Estate	39.5522-	30.402138	$1,202.47-
		American Growth	64.9367-	12.270418	$796.80-
		Total			**$10,287.19-**

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

C ntract Numb r [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service **1-800-722-2333**
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Contract Activity from January 1, 2006 through December 31, 2006

Transfers

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transaction Amount
02/05/2006	Rebalance To	Large-Cap Growth	134.6007	7.720314	$1,039.16
		Diversified Research	5.2462	11.877164	$62.31
		Main Street Core	45.7171	16.999763	$777.18
		Comstock	53.0427	10.248725	$543.62
		Growth LT	12.8894	22.563577	$290.83
		Mid-Cap Value	27.5750	20.834785	$574.52
		Equity Index	50.2162	20.237492	$1,016.25
		Inflation Managed	103.9151	17.113774	$1,778.38
		Managed Bond	106.3184	16.262852	$1,729.04
		Large-Cap Value	41.9074	13.504074	$565.92
		Short Duration Bond	142.2463	10.013825	$1,424.43
		American Growth-Income	44.0820	11.014702	$485.55
		Total			**$10,287.19**
04/13/2006	Transfer From	Emerging Markets	15.2750-	18.884953	$288.47-
		Main Street Core	810.6689-	17.420511	$14,122.27-
		Comstock	9.8586-	10.439885	$102.92-
		Mid-Cap Value	1,570.2963-	20.679259	$32,472.56-
		Small-Cap Index	428.2071-	16.762275	$7,177.73-
		Inflation Managed	2,364.1933-	16.480667	$38,963.48-
		Managed Bond	2,487.8943-	16.072804	$39,987.44-
		Short Duration Bond	2,693.6267-	10.030101	$27,017.35-
		Total			**$160,132.22-**
04/13/2006	Transfer To	Large-Cap Growth	82.6902	7.644118	$632.09
		Fasciano Small Equity	574.7594	11.943138	$6,864.43
		Diversified Research	5.4304	12.000010	$65.17
		International Large-Cap	1,191.1132	9.287151	$11,062.05
		Growth LT	889.1598	22.983823	$20,436.29
		International Value	1,645.9166	15.692153	$25,827.98
		Equity Index	319.0549	20.637253	$6,584.42
		Real Estate	437.7888	30.977171	$13,561.46
		Large-Cap Value	470.8848	13.799657	$6,498.05
		American Growth	2,261.6041	12.295131	$27,806.72
		American Growth-Income	2,410.5574	11.252114	$27,123.87
		VN Small-Cap Value	1,079.4897	12.663104	$13,669.69
		Total			**$160,132.22**

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Contract Number [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service **1-800-722-2333**
Mon - Fri, 8 a.m. - 5 p.m. Pacific time

Contract Activity from January 1, 2006 through December 31, 2006

Transfers

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transaction Amount
05/05/2006	Rebalance From	Fasciano Small Equity	1,116.6746-	12.233036	$13,660.32-
		Emerging Markets	47.4942-	20.324369	$965.29-
		International Large-Cap	1,710.7337-	9.914623	$16,961.28-
		Main Street Core	773.0630-	17.868467	$13,813.45-
		Growth LT	571.3016-	23.311366	$13,317.82-
		Equity Index	977.0631-	21.217217	$20,730.56-
		Large-Cap Value	483.5523-	14.307717	$6,918.53-
		American Growth	1,075.8741-	12.695602	$13,658.87-
		Total			**$100,026.12-**
05/05/2006	Rebalance To	Large-Cap Growth	172.0659	7.591626	$1,306.26
		Diversified Research	583.1030	12.417205	$7,240.51
		Comstock	658.1965	10.852459	$7,143.05
		Mid-Cap Value	963.4426	21.709928	$20,916.27
		International Value	1,186.1682	16.719644	$19,832.31
		Mid-Cap Growth	2,559.4343	8.339120	$21,343.43
		Small-Cap Index	1.0640	17.425322	$18.54
		Real Estate	0.7824	32.221673	$25.21
		American Growth-Income	71.0141	11.543767	$819.77
		VN Small-Cap Value	2.8403	13.146592	$37.34
		International Small-Cap	2,101.1120	10.158159	$21,343.43
		Total			**$100,026.12**
05/05/2006	Rebalance From	Emerging Markets	0.0005-	20.324369	**$0.01-**
05/05/2006	Rebalance To	Mid-Cap Value	0.0005	21.709928	**$0.01**
08/05/2006	Rebalance From	Diversified Research	41.6019-	11.872536	$493.92-
		International Large-Cap	183.4695-	9.494440	$1,741.94-
		Main Street Core	19.0866-	17.186923	$328.04-
		Comstock	95.0596-	10.572103	$1,004.98-
		Mid-Cap Value	20.5123-	20.508214	$420.67-
		Equity Index	33.7703-	20.433354	$690.04-
		Real Estate	112.4931-	33.693902	$3,790.33-
		Large-Cap Value	94.3807-	13.871375	$1,309.19-
		American Growth-Income	112.1483-	11.089508	$1,243.67-
		Total			**$11,022.78-**

PACIFIC LIFE

Variable Annuity Quarterly Statem nt

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Contract Numb [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service 1-800-722-2333
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Contract Activity from January 1, 2006 through December 31, 2006

Transfers

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transaction Amount
08/05/2006	Rebalance To	Large-Cap Growth	302.5839	6.592089	$1,994.66
		Fasciano Small Equity	139.0644	10.632411	$1,478.59
		Emerging Markets	155.6500	17.163117	$2,671.44
		Growth LT	4.7521	21.769176	$103.45
		International Value	14.2104	15.651168	$222.41
		Mid-Cap Growth	233.5267	7.171087	$1,674.64
		Small-Cap Index	45.2583	15.495069	$701.28
		American Growth	35.4008	11.823748	$418.57
		VN Small-Cap Value	30.4298	12.002053	$365.22
		International Small-Cap	156.9895	8.870150	$1,392.52
		Total			**$11,022.78**
11/05/2006	Rebalance From	Emerging Markets	72.4393-	19.423701	$1,407.04-
		Growth LT	2.6667-	23.553745	$62.81-
		Mid-Cap Value	1.0261-	22.131858	$22.71-
		Mid-Cap Growth	10.9656-	7.766985	$85.17-
		Equity Index	3.9090-	22.110478	$86.43-
		Small-Cap Index	12.3202-	16.959896	$208.95-
		Real Estate	5.2438-	36.544095	$191.63-
		American Growth-Income	48.0066-	12.084584	$580.14-
		VN Small-Cap Value	2.7565-	12.980438	$35.78-
		Total			**$2,680.66-**
11/05/2006	Rebalance To	Large-Cap Growth	13.8924	7.087344	$98.46
		Fasciano Small Equity	18.0650	11.361202	$205.24
		Diversified Research	45.6417	12.552784	$572.93
		International Large-Cap	48.8288	10.188257	$497.48
		Main Street Core	3.7284	18.452867	$68.80
		Comstock	3.9824	11.387471	$45.35
		International Value	8.4137	16.857125	$141.83
		Large-Cap Value	19.6436	14.863362	$291.97
		American Growth	58.5749	12.591919	$737.57
		International Small-Cap	2.1998	9.560029	$21.03
		Total			**$2,680.66**

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Period 10/01/2006 - 12/31/2006

Contract Number [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service **1-800-722-2333**
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Contract Activity from January 1, 2006 through December 31, 2006

Transfers

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transaction Amount
11/22/2006	Transfer From	Large-Cap Growth	4,050.0749-	7.321495	$29,652.60-
		Fasciano Small Equity	1,894.8874-	11.683417	$22,138.76-
		Emerging Markets	1,477.7961-	19.756187	$29,195.62-
		Diversified Research	2,286.6856-	12.783582	$29,232.03-
		Main Street Core	777.7725-	18.779821	$14,606.43-
		Comstock	2,520.6884-	11.473285	$28,920.58-
		Growth LT	914.0032-	24.210109	$22,128.12-
		Mid-Cap Value	3,242.4150-	22.791910	$73,900.83-
		International Value	5,108.3918-	16.924487	$86,456.91-
		Mid-Cap Growth	2,771.7571-	8.096747	$22,442.22-
		Equity Index	1,298.2203-	22.542654	$29,265.33-
		Small-Cap Index	846.2392-	17.627144	$14,916.78-
		Large-Cap Value	2,896.8143-	15.105479	$43,757.77-
		American Growth	4,559.1566-	12.901551	$58,820.19-
		American Growth-Income	4,750.5599-	12.332634	$58,586.92-
		VN Small-Cap Value	1,105.6740-	13.292260	$14,696.91-
		International Small-Cap	2,251.8967-	9.650583	$21,732.12-
		Total			**$600,450.12-**
11/22/2006	Transfer To	International Large-Cap	13,069.3753	10.294635	$134,544.45
		Real Estate	11,837.3896	39.358819	$465,905.67
		Total			**$600,450.12**

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement Perl d 10/01/2006 - 12/31/2006

Contract Number [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service 1-800-722-2333
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

Contract Activity from January 1, 2006 through December 31, 2006

Withdrawals / Fees

Date	Activity Type	Investment Options	Number of Units	Unit Value	Transacti n Amount
08/05/2006	IAR Fee	Large-Cap Growth	14.9937-	6.592089	$98.84-
		Fasciano Small Equity	6.9787-	10.632411	$74.20-
		Emerging Markets	5.6010-	17.163117	$96.13-
		Diversified Research	9.1674-	11.872536	$108.84-
		International Large-Cap	37.3134-	9.494440	$354.27-
		Main Street Core	3.1856-	17.186923	$54.75-
		Comstock	10.4889-	10.572103	$110.89-
		Growth LT	3.6625-	21.769176	$79.73-
		Mid-Cap Value	13.1084-	20.508214	$268.83-
		International Value	20.4247-	15.651168	$319.67-
		Mid-Cap Growth	10.2383-	7.171087	$73.42-
		Equity Index	5.3652-	20.433354	$109.63-
		Small-Cap Index	3.2662-	15.495069	$50.61-
		Real Estate	4.4159-	33.693902	$148.79-
		Large-Cap Value	11.9339-	13.871375	$165.54-
		American Growth	17.9317-	11.823748	$212.02-
		American Growth-Income	19.7213-	11.089508	$218.70-
		VN Small-Cap Value	4.3293-	12.002053	$51.96-
		International Small-Cap	8.4046-	8.870150	$74.55-
		Total			**$2,671.37-**

PACIFIC LIFE

Variable Annuity Quarterly Statement

P.O. Box 7187 · Pasadena, CA 91109-7187

Statement P riod 10/01/2006 - 12/31/2006

Contract Number [redacted]
Owner WALTER WILLIAM HERGER JR
Annuitant WALTER WILLIAM HERGER JR

Customer Service **1-800-722-2333**
Mon - Fri, 6 a.m. - 5 p.m. Pacific time

This page is for adding money to your Pacific Value contract only.
To make an additional payment to your contract, mail a check and this page in the enclosed envelope. Make the check payable to Pacific Life. The ***Allocation Instructions on File*** column represents your most recent allocation instructions. Unless changes are indicated in the ***Allocations For This Payment Only*** column, your payment will be posted according to the Allocation Instructions on file.

Investment Options	Managers	Allocation Instructions on File	Allocations For This Payment Only	Investment Options	Managers	Allocation Instructions on File	Allocations For This Payment Only
International Value	AllianceBernstein			Managed Bond	PIMCO		
International Small-Cap	Batterymarch			Inflation Managed	PIMCO		
Equity Index	BlackRock			Money Market	Pacific Life		
Small-Cap Index	BlackRock			High Yield Bond	Pacific Life		
Diversified Research	Capital Guardian			Comstock	Van Kampen		
Equity	Capital Guardian			Mid-Cap Growth	Van Kampen		
American Growth-Income	Capital Research			Real Estate	Van Kampen	68.8%	
American Growth	Capital Research			VN Small-Cap Value	Vaughan Nelson		
Large-Cap Value	ClearBridge			DCA Plus 6-Month	Pacific Life		
Technology	Columbia Management			DCA Plus 12-Month	Pacific Life		
Short Duration Bond	Goldman Sachs						
Concentrated Growth	Goldman Sachs						
Diversified Bond	JPMorgan						
Growth LT	Janus						
Focused 30	Janus						
Health Sciences	Jennison						
Mid-Cap Value	Lazard						
Large-Cap Growth	Loomis Sayles						
Capital Opportunities	MFS						
International Large-Cap	MFS	31.2%					
Fasciano Small Equity	Neuberger Berman						
Small-Cap Value	NFJ						
Multi-Strategy	OppenheimerFunds						
Main Street Core	OppenheimerFunds						
Emerging Markets	OppenheimerFunds						
		Total Percentage Column A				Total Percentage Column B	

Signature(s) and Certification
By signing below I understand the following:
- New allocation instructions provided on this form will be applied to this payment only and will not result in a rebalancing of my account.
- If new instructions are not provided on this form, this payment will be allocated according to the current allocation instructions on file as indicated above.

Total A + B **100.0%**
(Must equal 100%. Use single decimal percentages only.)

Amount Enclosed: $ _____

_____
Owner Signature and Date

_____
Joint Owner Signature and Date

Tax Year: _____

Payments for your IRA may be coded for the previous tax year if received by the taxpayer's filing deadline. If a year is not indicated, the payment will be coded for the year in which it is received. SEP contributions will be applied to the year in which they are received. Please contact your tax advisor if you have any questions regarding this information.

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 10: 52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MT HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Stephanie Herseth Sandlin
(Full Name)

532 Southview Drive, Brookings SD 57006 (202) 225-2801
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State South Dakota District At-Large	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files m re than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	N [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	N [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and th appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	N [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Stephanie Herseth Sandlin	5/14/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
N/A — U.S. Government Salary Only			

For payments t charity in lieu of honoraria, use Schedule II.

Name Stephanie Herseth Sandlin | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Ass t

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B												Block C								Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP		SP	Mega Corp Stock					X							X											X								P
DC,	*Examples:*		Simon & Schuster	Indefinite																	Royalties										X			
JT			1st Bank of Paducah, KY accounts					X									X										X							
	Livestock				X																Farm Income				X									

For additional assets and unearned inc m , use next page.

Nam Stephanie Herseth Sandlin | Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	U.S. Department of Education	consolidated student loans			X							
	Midwest R&S Corporation	bank loan		X								
	Citibank	revolving charge account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additi nal sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY 11 AM 9:11

MC

(Office Use Only)

BRIAN M. HIGGINS
(Full Name)

43 MORGAN RD., BUFFALO NY 14220
(Mailing Address)

716-852-3501
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State NY District 27	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who fil s m re than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	N [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 7, 2006

Nam BRIAN M. HIGGINS | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CITY OF BUFFALO, NY - BOARD OF EDUCATION	SPOUSE SALARY	45554.97

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Brian M. Higgins | Page 1 of 2

BLOCK A — Ass t and/or Inc m Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Inc me

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP. / DC. / JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	P, S, E
SP.	Mega Corp Stock						X								X																			P
DC.	Simon & Schuster		Indefinite																		Royalties													
JT	1st Bank of Paducah, KY accounts							X									X										X							
JT	ABN AmRo Mortgage		X															X					X											
JT	Chase Mortgage		X															X					X											
	M&T Bank				X													X					X											
	State Emp. Fed. Cr. Union		X															X					X											
	Charles Schwab		X													X							X											
	Emp. Fed. Cred. Union				X													X					X											

For additional assets and un arned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Brian M. Higgins

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount f Incom											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	52 Hollywood Ave, Bfld NJ					X										X										X					
	Ford Motor Car Cont Off. Acc			X											X			X					X								
	General Motors Corp.			X											X			X					X								
	General Motors Accep Corp			X											X			X					X								

This page may be copied if more space is required.

Name BRIAN M. HIGGINS | Page 1 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	ABN AMRO MORTGAGE	MORTGAGE - 33 Hollywood Ave.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
	N/A	

Use additional sheets if more space is required.

Name Brian M. Higgins | Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	CRV CAPITAL, LLC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	New York State Retirement System	Pension at Retirement

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 3:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

Baron P. Hill
(Full Name)

1136 Kensington Court
Seymour, IN 47274
(Mailing Address)

202-225-5315
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State IN District 09	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who fil s more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] N [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] N [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] N [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Baron P. Hill	5-15-07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Seymour Community Schools	SPOUSE SALARY	NA
	M CAPITOL MANAGEMENT	SALARY	$87,500

For payments to charity in lieu of honoraria, us Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Washington, DC	Speech	Feb 2, 2006	$2,000
XYZ Magazine	Article	Aug 13, 2006	$500
NONE			

This page may be copied if mor space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP		SP	Mega Corp. Stock					X							X																		P
DC	Examples:		Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X									X							
	M Capitol 401k					X										X		X															
SP	Seymour Schools						X									X		X															
	State of Indiana				X											X		X															
JT	Cisco				X																												
JT	Oracle				X																												
JT	Sun Microsystems				X																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Baron P. Hill

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction P, S, E
JT	Nortel	X (B: $1 – $1,000)			

BLOCK B: A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000

BLOCK C: NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify)

BLOCK D: I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000

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1772

SCHEDULE IV — TRANSACTIONS

Name Baron P. Hill

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–06		X								
	NONE															

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Name Baron D Hill | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	NONE						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Sycamore Land Trust

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO: 2007 — 33-427 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

U.S. Rep. Maurice D. Hinchey
(Full Name)

2431 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-6335
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: NY District: 22 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ N ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ N ☑	

Each question in this part must be answered and the appr priate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this r port may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Maurice D. Hinchey	MAY 13/07

1777

SCHEDULE I - EARNED INCOME

Name U.S. Rep. Maurice D. Hinchey

List the source, type, and am unt of earn d income from any sourc (oth r than the filer's current empl yment by the U.S. Gov rnment) totaling $200 or more during th preceding calendar year. For a spouse, list the sourc and amount f any honoraria; list only the s urce for ther sp use earned income exc eding $1,000.

Source	Type	Amount
State of New York	Legislative Pension	$35,068
Patricia Lynch Associates	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name U.S. Rep. Maurice D. Hinchey

	BLOCK A **Ass t and/ r Incom Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Inc me** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Alfacell Common Stock	$1 - $1,000	CAPITAL GAINS	NONE	
SP	American Funds 529 College Savings Plan	$50,001 - $100,000	CAPITAL GAINS	NONE	
	Echo Hill Road property, Saugerties, NY	$100,001 - $250,000	CAPITAL GAINS	NONE	
SP	Key Bank personal savings account	$1,001 - $15,000	INTEREST	$1 - $200	
	Novo Networks Stock	$1 - $1,000	CAPITAL GAINS	NONE	
SP	Oppenheimer Funds 401(k)	$15,001 - $50,000	CAPITAL GAINS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name U.S. Rep. Mauric D. Hinchey

	Partition Street property, Saugerties, NY	$250,001 - $500,000	CAPITAL GAINS	NONE	
	Prudential IRA	$15,001 - $50,000	CAPITAL GAINS	NONE	
	Ulster Savings personal savings account	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name U.S. Rep. Maurice D. Hinchey

Id ntify the sourc and list travel itinerary, dat s, and nature of xpenses provided for travel and travel-related expenses totaling more than $305 received by you, y ur spouse, or a depend nt child during the reporting period. Indicate whether a family member accompanied the trav ler at the spons r's expens , and the amount of time, if any, that was not at the sponsor's xp nse. Discl sure is requir d regardless of whether the expens s were reimbursed or paid directly by the sponsor. Exclude: Travel-related exp ns s provided by federal, state, and l cal governm nts, or by a foreign governm nt required to b separately r port d und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided t a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Shipbuilding Association	Nov 27-29	Albany, NY-Naples, FL-Albany, NY	Y	Y	N	None
International Management & Development Institute	May 28 - June 2	Hurley, NY - Madrid, Spain - Hurley, NY	Y	Y	N	None
Congressional Program of the Aspen Institute	Feb 18-26	Albany, NY - Montego Bay, Jamaica - Albany, NY	Y	Y	Y	3 Days
International Management & Development Institute	Jan 10-18	NY, NY - Vienna, Austria - Budapest, Hungary - Almay, Kazakhstan - NY, NY	Y	Y	N	None

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

RUBEN E. HINOJOSA
(Full Name)

P.O. BOX 1075 (203) 225-2531
(Mailing Address) Daytime Telephone

MERCEDES, TX 78570

Filer Status	[X] Member of the U.S. House of Representatives	State: TEXAS District: 15TH	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who fil s more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	N [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ruben E. Hinojosa	May 14, '07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the fil r's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	H & H FOODS	CONSULTING FEES	5,000
	DRISCOLL FOUNDATION	SPOUSE DIRECTOR FEES	NA
	COUNTY OF FAIRFAX	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name RUBEN E. HINOJOSA

Page 3 of 8

BLOCK A — Ass t and/ r Incom Source

Id ntify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that *do not allow you to choose specific* investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
DC,	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	342 S. TEXAS AVE. / MERCEDES, TX RUBEN'S RENTAL BUILDING					X										X								X								
	* REAL ESTATE ASSOCIATES																															
	HINOJOSA ENTERPRISES		X																	PARTNERSHIP INCOME					X							
	HINOJOSA DEVELOPMENT								X											PARTNERSHIP INCOME								X				
SP	FIRM CONSULTANTS, INC.			X																S CORPORATION INCOME	X											
	H & H FOODS STOCK									X					X						X											

* DISPOSED 4/2/04, NO PROCEEDS RECEIVED TO DATE

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RUBEN E. HINOJOSA Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	MERRILL LYNCH CMA						X										X						X								
DC	TEXAS REGIONAL BANCSHARES	X													X			X										X			S
SP	MERRILL LYNCH (IRA) - CASH			X											X								X								
SP	EXXON MOBIL CORP STOCK			X											X							X									
SP	INTL BANCSHARES STOCK			X											X								X								
SP	MICROSOFT CORP STOCK			X											X							X									
SP	PFIZER INC STOCK			X											X							X									
SP	PROCTER GAMBLE STOCK			X											X							X									
SP	TEXAS REGL BCSHRS	X													X			X						X							S
DC	TEXAS TOMORROW FUND				X												X				X										
JT	BANK OF AMERICA CHECKING (DC)				X									X							X										
JT	BANK OF AMERICA SAVINGS			X													X					X									
	MERRILL LYNCH CMA			X													X						X								
	EXXON MOBIL STOCK				X										X								X								
	MICROSOFT CORP STOCK			X											X							X									
	PFIZER INC STOCK	X													X			X			X										S
	PROCTER GAMBLE STOCK				X										X								X								
DC	MERRILL LYNCH CMA				X												X					X									
DC	TEXAS REGIONAL BANCSHARES	X													X			X								X					S
DC	TSB SECURITIES, INC - CASH				X										X								X								
DC	TEXAS REGIONAL BANCSHARES	X													X			X								X					S
	MERRILL LYNCH (IRRA) - CASH					X									X										X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RUBEN E. HINOJOSA

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Sourc	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	H&H FOODS ESOP NOTE						X										X				X										
DC	LONE STAR BANK STOCK					X									X						X										P
DC	BANK OF AMERICA SAVINGS				X												X					X									

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SCHEDULE IV — TRANSACTIONS

Name RUBEN E. HINOJOSA

Report any purchase, sale, or xchange by you, your spouse, or dependent child during th reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
DC	TEXAS REGIONAL BANCSHARES		X		3-15-06	X									
DC	TEXAS REGIONAL BANCSHARES		X		11-13-06				X						
SP	TEXAS REGL BCSHRS		X		11-13-06	X									
	PFIZER INC STOCK		X		12-28-06	X									
DC	TEXAS REGIONAL BANCSHARES		X		11-13-06		X								
DC	TEXAS REGIONAL BANCSHARES		X		11-13-06		X								
DC	LONE STAR BANK STOCK	X			11-29-06			X							

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Name RUBEN E. HINOJOSA | Page 7 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclud** : Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	HINOJOSA DEVELOPMENT CO.	PERSONAL LOAN 1984					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

Name RUBEN E. HINOJOSA | Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during th current calendar year as an officer, director, trustee of an organization, partner, proprietor, representativ , employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	HINOJOSA DEVELOPMENT COMPANY
PARTNER	HINOJOSA ENTERPRISES

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A

For use by Members, officers, and employees

David L. Hobson
(Full Name)

2905 Kilkenny Drive Springfield, OH 45503
(Mailing Address)

202-225-4324
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives State: OH District: 07 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☑ No ☐
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David Hobo	5-15-07

SCHEDULE I - EARNED INCOME

Name David L. Hobson

List th source, type, and amount of am d income from any s urc (oth r than the filer's current employment by th U.S. Government) totaling $200 r mor during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spous earn d income exceeding $1,000.

Source	Type	Amount
Public Employee Retirement System of Ohio	Legislative Pension	$12,984

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
I-Four Partnership (Bldg& Land) 2138 N. Limestone, Springfield, Ohio	$1,000,001 - $5,000,000	Rent	$15,001 - $50,000	
Fidelity Investment Advisors, Inc. (S-Corp), (Partner in Aberdeen Village) McArthur, OH	None	S-Corp Income, Interest, Rental Income	$100,001 - $1,000,000	Final Year of Partnership
Aberdeen Village LLC (Bldgs & Land)	None	Partnership Income	$50,001 - $100,000	Final Year of Partnership
Fidelity Investment Advisors Inc Investments at SmithBarney CitiGroup	$50,001 - $100,000	Dividends/Interest	$2,501 - $5,000	
The Offices at Rickenbacker LLC (Bldgs & Land), Dublin, OH	$500,001 - $1,000,000	Interest/Rent	Partnership Loss	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	Village Associates LLC (Bldgs & Land) Powell, OH	$500,001 - $1,000,000	Rent	Partnership Loss	
	Spring Creek Shopping Center LLC (Bldgs & Land) Columbus, OH	$250,001 - $500,000	Rent	$5,001 - $15,000	
	First Choice Storage, LLC	$100,001 - $250,000	Rent	Partnership Loss	
SP	CDB Investments, LTD	$250,001 - $500,000	Partnership Income	Partnership Loss	
	Portable on Demand Investors, LLC	$100,001 - $250,000	Partnership Income/Interest	Partnership Loss	
	Fujiyama Columbus Partnership, Note Receivable	$250,001 - $500,000	Interest	$5,001 - $15,000	
	Fujiyama Indianapolis Partnership, Note Receivable	$100,001 - $250,000	Interest	$2,501 - $5,000	
SP	Delaware Investments (Mutual Fund)	$15,001 - $50,000	Interest	$1,001 - $2,500	
	DWS Scudder Mutual Funds	$15,001 - $50,000	Dividends	$1 - $200	
	IBM Corp Stock	None	DIVIDENDS	NONE	Transferred to SmithBarney Citigroup
	FLC (Stock)	*$1,001 - $15,000*	*DIVIDENDS*	*NONE*	
	International Basic Resources (Stock)	None	Dividends	NONE	Value Below $1000
	Ohio Public Employee R tirement Fund	$15,001 - $50,000	Pension	$5,001 - $15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

Assets Held in Smith Barney Citigroup #715-45624-12				
Park National Corp (Stock)	$100,001 - $250,000	Dividends	$5,001 - $15,000	
Microsoft Corp (Stock)	$50,001 - $100,000	Dividends	$201 - $1,000	
Altria Group Inc (Stock)	$15,001 - $50,000	Dividends	$201 - $1,000	P
Intel Corp (Stock)	$15,001 - $50,000	Dividends	$201 - $1,000	
Citigroup, Inc. (Stock)	$50,001 - $100,000	Dividends	$2,501 - $5,000	
IBM Corp (Stock)	None	Dividends/Capital Loss	NONE	S
Proctor & Gamble (Stock)	$1,000,001 - $5,000,000	Dividends	$15,001 - $50,000	
Cisco Systems, Inc (Stock)	$15,001 - $50,000	Dividends/Capital Gains	$5,001 - $15,000	S
General Electric Co. (Stock)	$15,001 - $50,000	Dividends	$1,001 - $2,500	
Bank of America (Stock)	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Pfizer, Inc (Stock)	None	Dividends/Capital Loss	NONE	S
Walmart Stores, Inc (Stock)	None	Dividends/Capital Loss	NONE	S
Amgen Inc (Stock)	$15,001 - $50,000	Dividends	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	Cardinal Health Inc (Stock)	None	Dividends/Capital Gain	$15,001 - $50,000	S
	Champaign Tel Co (Stock)	$50,001 - $100,000	Dividends	$2,501 - $5,000	
	Chevron Texaco Corp (Stock)	$15,001 - $50,000	Dividends	$201 - $1,000	
	Dell Inc (Stock)	None	Dividends/Capital Loss	NONE	S
	Exxon Mobile Corp (Stock)	$15,001 - $50,000	Dividends	$201 - $1,000	
	Fifth Third BancCorp (Stock)	$15,001 - $50,000	Dividends	$201 - $1,000	
	Eaton Vance Enhanced Equity Inc Fund	$15,001 - $50,000	Dividends/Capital Gains	$201 - $1,000	P
	Kayne Anderson Energy Total Return	$15,001 - $50,000	Dividends	$201 - $1,000	P
	Huntington Bancshares Inc (Stock)	$1,001 - $15,000	Dividends	$201 - $1,000	
	New York Community Bancorp	$15,001 - $50,000	Dividends	$1 - $200	P
	Citibank Bank Deposit Program	$1,001 - $15,000	Interest	$201 - $1,000	P
	Merk & Co Inc (Stock)	None	Dividends/Capital Gains	$1,001 - $2,500	S
	Washington Mutual Inc (Stock)	$15,001 - $50,000	Dividends	$1 - $200	P
	Smucker JM Co (Stock)	$1,001 - $15,000	Dividends	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	Enterprise Prods Partners LP	$15,001 - $50,000	Partnership Income	NONE	P
	BP Purdhoe Bay Rty Trust	$15,001 - $50,000	Royalty	$201 - $1,000	P
	Black & Decker Corp (Stock)	None	Dividends/Capital Loss	NONE	S
	Ebay Inc (Stock)	None	Capital Loss	NONE	S
	First Data Corp (Stock)	None	Capital Loss	NONE	S
	Tessera Technologies Inc (Stock)	None	Capital Gain	$201 - $1,000	S
	Western Union Company	None	Capital Gains	$2,501 - $5,000	S/Spinoff
	Texas Instruments Inc (Stock)	None	Capital Gain	$1,001 - $2,500	S
	Arlington Bank Restricted	$15,001 - $50,000	Dividends	NONE	
	Assets Held in IRA SmithBarney Citigroup #715-50987-13				
	SB Citigroup (Money Funds)	$1 - $1,000	Dividends	$201 - $1,000	
	Legg Mason Partners Lg Cap Growth Fd (Mutual Fund)	$1,001 - $15,000	Dividends	$1 - $200	Formerly SB Lg Cap Grwth
	Legg Mason Partners Aggressive Growth Fd (Mutual Fund)	$1,001 - $15,000	Dividends	$1 - $200	Formerly SB Agressive Grwth Fd

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	Legg Mason Partners Capital Fund (Mutual Fund)	$1,001 - $15,000	Dividends	$1 - $200	Form rly Saloman Bros. Cap Fund
	Merck & Co Inc (Stock)	$1,001 - $15,000	Dividends	$201 - $1,000	
	Legg Mason Value Trust Inc (Mutual Fund)	$1,001 - $15,000	Dividends	NONE	P
	Microsoft Corp (Stock)	$1,001 - $15,000	Dividends	$1 - $200	
	Nokia Corp Sponsored ADR (Stock)	None	Dividends/Capital Loss	NONE	S
	Genworth Financial Inc (Stock)	$1,001 - $15,000	Dividends	NONE	P
	Park National Corp (Stock)	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	Unit Investment Trusts	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	
SP	Assets Held in IRA SmithBarney Citigroup #715-57493-15				
SP	Unit Investment Trusts	$1,001 - $15,000	Dividends	$1 - $200	
SP	Citibank Bank Deposit Program	$1 - $1,000	Dividends	$1 - $200	Formerly SB Citigroup Money Funds

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

SP	Legg Mason Partn rs Lg Cap Growth Fd (Mutual Fund)	$1,001 - $15,000	Dividends	$1 - $200	Formerly SB Citigroup Lg Cap Grwth Fd
SP	Legg Mason Partners Aggressive Growth Fd (Mutual Fund)	$1,001 - $15,000	Dividends	$1 - $200	Formerly SB Citigroup Aggressive Grwth FD
SP	Legg Mason Partners Capital Fund (Mutual Fund)	$1,001 - $15,000	Dividends	$1 - $200	Formerly SB Citigroup Cap Fund
SP	Assets Held In SmithBarney Citigroup #715-01917-11				
SP	Proctor & Gamble (Stock)	$50,001 - $100,000	Dividends	$1,001 - $2,500	
SP	Park National Corp (Stock)	$100,001 - $250,000	Dividends	$5,001 - $15,000	
SP	Legg Mason Partners Lg Cap Growth Fd (Mutual Fund)	$1,001 - $15,000	Dividends	NONE	
SP	Unit Investment Trust	None	Dividends/Capital Gain	$1,001 - $2,500	S
SP	SB Citigroup (Money Fund)	$1 - $1,000	Dividends	$1 - $200	
SP	Citibank Bank Deposit Program	$1 - $1,000	Interest	$201 - $1,000	
SP	JM Smucker Co (Stock)	$1 - $1,000	Dividends	NONE	
SP	Legg Mason Value Trust Inc. (Mutual Fund)	$15,001 - $50,000	Dividends/Capital Gains	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	Assets Held In SmithBarney Citigroup #715-51764-10				
	Citibank NA Bank Deposit Program	$100,001 - $250,000	Interest	$1 - $200	P
	Citicorp Trust Bank	$50,001 - $100,000	Interest	$1 - $200	P
	JM Smucker Co (Stock)	None	Dividends	NONE	P
	Real Estate, 3735 Fieldstone Blvd, Naples, FL	None	Rent/Capital Gains	$50,001 - $100,000	S
SP	Assets Held at Raymond James #52465028				
SP	Aberdeen Asia Pacific Inc Fund	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Claymore Raymond James SB1 EQT	$15,001 - $50,000	Dividends	$1 - $200	P
SP	Delaware Tax Free USA Fund (Mutual Fund)	$1 - $1,000	Dividends	$201 - $1,000	P
SP	Eagle Rock Energy Partners LP	$15,001 - $50,000	Partnership Income	NONE	P
SP	Eaton Vance Tx Mgd Div Eq Income (Mutual Fund)	$15,001 - $50,000	Dividends	NONE	P
SP	Federal Home Loan Mortgage Corp	$50,001 - $100,000	Interest	$1,001 - $2,500	P
SP	Federal Farm Credit Banks	$50,001 - $100,000	Interest	NONE	P
SP	F d ral Home Loan Banks	$1,001 - $15,000	Interest	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Sp	First TR Four Cmrs SR Flt Rte	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	Hersha Hospitality TR	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Inergy L P Unit LTD Ptnr	$1,001 - $15,000	Partnership Income	NONE	P
SP	Synagro Technologies (Stock)	$1,001 - $15,000	Dividends	$1 - $200	P
SP	US Bancorp Del	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Assets Held at Raymond James #79233327				
SP	DWS RREEF Real Estate Securities	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Davis New York Venture Fund	$1,001 - $15,000	Dividends	$1 - $200	P
SP	Dodge & Cox Income Fund N/L	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Europacific Growth Fund Class F	$1 - $1,000	Dividends	$201 - $1,000	P
SP	Goldman Sachs High Yield Bond	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	Harbor International Growth	$1,001 - $15,000	Dividends	$1 - $200	P
SP	Heritage Capital Appreciation	$15,001 - $50,000	Dividends/Capital Gains	$1 - $200	P
SP	Heritage Core Equity Fund	$1,001 - $15,000	Dividends	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

SP	Heritage Mid Cap Stock Fund	$1,001 - $15,000	Dividends	$1,001 - $2,500	P
SP	Investment Company of America	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
SP	Janus Adviser Mid Cap Value Fund (Mutual Fund)	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	Legg Mason Value Trust	$1,001 - $15,000	Dividends	NONE	P
SP	Pimco Total Return Fund	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Pimco Commodity Real Return	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	T. Rowe Price International	$1,001 - $15,000	Dividends	$1 - $200	P
SP	Wells Fargo Advantage Inter-	$1,001 - $15,000	Dividends	$1 - $200	P
SP	Western Asset Inflation Index-	$1,001 - $15,000	Dividends	$1 - $200	P
SP	University of Evansville-Alex (Trust) Fifth Third Bank	None	Interest/Dividends /Capital Gains	$15,001 - $50,000	
SP	CO TR U/W of Al B. Alexander (Trust) Fifth Third Bank	None	Interest/Dividents/ Capital Gains	$50,001 - $100,000	First and Final Year of Trust

SCHEDULE IV - TRANSACTIONS

Name David L. Hobson

Report any purchas , sal or xchange by you, your spouse, or dependent child during th rep rting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Assets Held in Smith Barney Citigroup #715-45624-12			
	Altria Group Inc (Stock	P	02/22/06	$15,001 - $50,000
	IBM Corp (Stock)	S	10/02/06	$1,001 - $15,000
	Cisco Systems, Inc (Stock)	S	10/02/06	$15,001 - $50,000
	Bank of America (Stock)	P	02/13/06	$15,001 - $50,000
	Pfizer, Inc (Stock)	S	11/09/06	$1,001 - $15,000
	Walmart Stores, Inc (Stock)	S	02/13/06	$15,001 - $50,000
	Cardinal Health Inc (Stock)	S	11/15/06	$50,001 - $100,000
	Dell Inc (Stock)	S	10/02/06	$1,001 - $15,000
	Eaton Vance Enhanced Equity Inc Fund	P	10/02/06	$15,001 - $50,000
	Kayne Anderson Energy Total Return	P	10/02/06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name David L. Hobson

Report any purchase, sale or exchange by you, your spouse, or depend nt child during the reporting year f any r al property, stocks, b nds, commoditi s futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a l ss. D not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	New York Community Bancorp	P	10/02/06	$15,001 - $50,000
	Merk & Co Inc (Stock)	S	11/17/06	$1,001 - $15,000
	Washington Mutual Inc (Stock)	P	10/02/06	$15,001 - $50,000
	Enterprise Prods Partners LP	P	10/02/06	$15,001 - $50,000
	BP Purdhoe Bay Rty Trust	P	10/02/06	$15,001 - $50,000
	Black & Decker Corp (Stock)	S	10/02/06	$15,001 - $50,000
	Ebay Inc (Stock)	S	10/02/06	$1,001 - $15,000
	First Data Corp (Stock)	S	10/02/06	$1,001 - $15,000
	Tessera Technologies Inc (Stock)	S	01/25/06	$1,001 - $15,000
	Texas Instruments Inc (Stock)	S	10/02/06	$1,001 - $15,000
	Assets Held in IRA SmithBarney Citigroup #715-50987-13			

SCHEDULE IV - TRANSACTIONS

Name David L. Hobson

Report any purchase, sal or exchange by you, your sp use, or dependent child during the reporting year of any real property, stocks, b nds, commoditi s futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Legg Mason Value Trust Inc (Mutual Fund)	P	10/18/06	$1,001 - $15,000
	Nokia Corp Sponsored ADR (Stock)	S	11/09/06	$1,001 - $15,000
	Genworth Financial Inc (Stock)	P	11/09/06	$1,001 - $15,000
SP	Assets Held In SmithBarney Citigroup #715-01917-11			
SP	Unit Investment Trust	S	06/23/06	$1,001 - $15,000
SP	Legg Mason Value Trust Inc. (Mutual Fund)	P	10/18/06	$15,001 - $50,000
	Assets Held In SmithBarney Citigroup #715-51764-10			
	Citibank NA Bank Deposit Program	P	12/22/06	$100,001 - $250,000
	Citicorp Trust Bank	P	12/22/06	$50,001 - $100,000
	Real Estate, 3735 Fieldstone Blvd, Naples, FL	S	06/01/04	$250,001 - $500,000
SP	Assets Held at Raymond James #52465028			

SCHEDULE IV - TRANSACTIONS

Name David L. Hobson

R p rt any purchase, sal or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Aberdeen Asia Pacific Inc Fund	P	09/05/06	$15,001 - $50,000
SP	Claymore Raymond James SB1 EQT	P	08/22/06	$15,001 - $50,000
SP	Eagle Rock Energy Partners LP	P	10/24/06	$15,001 - $50,000
SP	Eaton Vance Tx Mgd Div Eq Income (Mutual Fund)	P	11/27/06	$15,001 - $50,000
SP	Federal Home Loan Mortgage Corp	P	09/01/06	$50,001 - $100,000
SP	Federal Farm Credit Banks	P	09/01/06	$50,001 - $100,000
SP	Federal Home Loan Banks	P	09/01/06	$15,001 - $50,000
Sp	First TR Four Cmrs SR Flt Rte	P	09/05/06	$15,001 - $50,000
SP	Hersha Hospitality TR	P	09/14/06	$15,001 - $50,000
SP	Inergy L P Unit LTD Ptnr	P	08/22/06	$15,001 - $50,000
SP	Synagro Technologies (Stock)	P	08/22/06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name David L. Hobson

Report any purchas , sale or exchange by you, your sp use, r depend nt child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do n t r p rt a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	US Bancorp Del	P	08/22/06	$15,001 - $50,000
SP	Assets Held at Raymond James #79233327			
SP	DWS RREEF Real Estate Securities	P	09/21/06	$15,001 - $50,000
SP	Davis New York Venture Fund	P	09/21/06	$1,001 - $15,000
SP	Dodge & Cox Income Fund N/L	P	09/21/06	$15,001 - $50,000
SP	Europacific Growth Fund Class F	P	09/21/06	$1,001 - $15,000
SP	Goldman Sachs High Yield Bond	P	09/21/06	$1,001 - $15,000
SP	Harbor International Growth	P	09/21/06	$1,001 - $15,000
SP	Heritage Capital Appreciation	P	09/21/06	$15,001 - $50,000
SP	Heritage Core Equity Fund	P	09/21/06	$1,001 - $15,000
SP	Heritage Mid Cap Stock Fund	P	09/21/06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name David L. Hobson

R port any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any r al property, stocks, bonds, commoditi s futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Investment Company of America	P	09/21/06	$15,001 - $50,000
SP	Janus Adviser Mid Cap Value Fund (Mutual Fund)	P	09/21/06	$1,001 - $15,000
SP	Legg Mason Value Trust	P	09/21/06	$1,001 - $15,000
SP	Pimco Total Return Fund	P	09/21/06	$15,001 - $50,000
SP	Pimco Commodity Real Return	P	09/21/06	$1,001 - $15,000
SP	T. Rowe Price International	P	09/21/06	$1,001 - $15,000
SP	Wells Fargo Advantage Inter-	P	09/21/06	$1,001 - $15,000
SP	Western Asset Inflation Index-	P	09/21/06	$1,001 - $15,000
	SmithBarney Citigroup #715-45624-12 Fifth Third BancCorp	P	11/09/06	$1,001 - $15,000
	Western Union Company Smith Barney Citigroup #715-45624-12	S	10/18/06	$1,001 - $15,000
	Citibank Bank Deposit Program Smith Barney Citigroup #715-45624-12	P	01/01/06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name David L. Hobson

Report liabilities of over $10,000 owed to any one creditor at any tim during the reporting perl d by you, your spouse, or d pendent child. Mark th highest amount owed during the year. Exclude: Any mortgag on your personal residence (unless all r part of it is rented out); l ans secured by autom biles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	KeyBank	Fujiyama Columbus, OH Partnership Restaurant & Land	$250,001 - $500,000
	Heller Small Business Lending Corp, Indianapolis, IN-Released from Liability in 2006	Mortgage on Fujiyama Restaurant, Indianapolis, IN	$500,001 - $1,000,000
	Security National Bank	Business Line of Credit	$50,001 - $100,000
	Smith Barney (Paid Off 2006)	Note Secured by Stock	$500,001 - $1,000,000
	New Carlisle Federal (Paid off 2006)	Revolving Line of Credit	$50,001 - $100,000
	National City Bank (Paid Off 2006)	Business Note, The Offices at Rickenbacker, LLC	$250,001 - $500,000
	US Bank	Business Note, Village Associates, LLC, Powell, OH	$500,001 - $1,000,000
	SkyBank (Paid Off 2006)	Business Note, Aberdeen Village, LLC, Dayton, OH (Fidelity Investment Advisors, Inc)	$100,001 - $250,000
	SkyBank (Paid Off 2006)	Business Note, Aberdeen Village, LLC, Dayton, OH	$15,001 - $50,000
JT	Huntington Mortgage (Paid Off 2006)	Mortgage on 3735 Fieldstone Blvd, Naples, FL	$100,001 - $250,000
	National City Bank	Business Note, First Choice Storage, LLC	$500,001 - $1,000,000

SCHEDULE V - LIABILITIES

Name David L. Hobson

Report liabilities of ver $10,000 ow d to any one creditor at any time during the reporting period by you, your spouse, r dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by aut m biles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Huntington Bank	Business Note	$15,001 - $50,000
	Huntington Bank	Business Line of Credit	$50,001 - $100,000
	Security National Bank	First Mortgage on 2138 N. Limestone St., Spfld, OH (I-Four)	$500,001 - $1,000,000
	Republic Bank	Business Note, The Offices at Rickenbacker, LLC	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name David L. Hobson

Identify the source and list travel itin rary, dates, and nature of xpenses pr vided f r travel and travel-r lated expenses totaling more than $305 rec lved by you, your spous , or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Shipbuilding Association	Nov. 26-29	Columbus, OH - Ft. Myers, FL - Columbus, OH	N	Y	Y	1 Day

SCHEDULE VIII - POSITIONS

Name David L. Hobson

Report all positions, compensated or uncompensated, held during th current calendar year as an fficer, direct r, trustee of an organization, partner, proprietor, repre ntative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	I-Four
Officer	Fidelity Investment Advisors, Inc.
Partner	The Offices at Rickenbacker, LLC
Partner	Village Associates, LLC
Partner	Spring Creek Shopping Center, LLC
Partner	Aberdeen Village, LLC
Partner	First Choice Storage, LLC
Partner	Portable on Demand Investors, LLC

SCHEDULE IX - AGREEMENTS

Name David L. Hobson

Identify the date, parties to, and general t nns of any agreement r arrangement with respect to: future empl yment; a leave f abs nce during the peri d f government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1982-Present	State of Ohio Public Retirement System	Continuing participation in retirement plan

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and certain employees

HAND DELIVERED

59

2007 JUN 14 AM 10: 23

CLERK OF REPRESENTATIVES

MC

(Office Use Only)

PAUL W. HODES
(Full Name)

U.S. HOUSE OF REPRESENTATIVES, 506 CANNON HOUSE OFFICE BUILDING, WASHINGTON, DC 20515 (202) 225-5206
(Mailing Address) Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: NH District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	N/A Yes [ ] N [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	N/A Yes [ ] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] N [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] N [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		6/12/07

1814

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earn d income exceeding $1,000.

Source		Type	Amount
Examples:	*Keene State*	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
SHAHEEN & GORDON, P.A.		SALARY	71,798
CONCORD COMMUNITY MUSIC SCHOOL		SPOUSE SALARY	N/A
VIBRANT VOICE		SPOUSE BUSINESS	N/A
PEGGOSUS MUSIC		JOINT BUSINESS	172
CITIZENS BANK NH		IRA DISTRIBUTION	79,000

For payments to charity in lieu of honoraria, use *Schedule II*.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Incom Source

Identify (a) each asset held for investment or production of income with a fair market value *exceeding* $1,000 at the *end of the reporting* period, and (b) any other asset or source of income which generated more than $200 in "*unearned*" *income during* the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the *account*. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. *For additional information*, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; *any financial interest in or income derived from* U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount f Income

For retirement plans *or accounts* that do not allow you to choose specific investments, *you may write* "NA" for income. For all other assets, indicat the *category of income* by checking the appropriate box below. Divid nds, even if reinvested, should be listed as income. Check "None" if no *income was received.*

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster			Indefinite															Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
	approx. 50 ACRES - LYME, NH									X							X							X									
JT	MERRIMACK COUNTY SAVINGS BANK 89 NORTH MAIN ST., CONCORD, NH 03301					X												X					X										
	CITIZENS BANK - 875 ELM ST., MANCHESTER, NH 03101					X												X					X										
	1/8 INTEREST ATLAS TITLE, LLC 840 WASHINGTON ST., DOVER, NH 03821		X																		PARTNERSHIP INCOME					X							SOLD
	CITIZENS BANK					X															RA-NOT SELF DIRECTED (CASH) SEE ATTACHED PG 5			X									
	1/8 INTEREST 903 CENTRAL AVE. ASSOCIATES, LLC, 903 CENTRAL AVE., DOVER, NH 03820		X																		PARTNERSHIP INCOME						X						SOLD

For additional assets and unearned income, us next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PAUL W HODES

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
DC	FIDELITY	SEE ATTACHMENT PG 43	X X X	VII	
DC	FIDELITY	SEE ATTACHMENT PG 32	X X X	VII	
	FIDELITY	SEE ATTACHMENT PGS 19 - 20	X X X	VII	
	UBS	SEE ATTACHMENT PGS 11 - 12	X X X	VI	
	CITIZENS BANK	SEE ATTACHMENT PG 53	401K	VII	

This page may be copied if more space is required.

UBS Financial Services Inc.
10 PARK STREET
P.O. BOX 2636
CONCORD, NH 03302-2636

Your Financial Advisor
DODGE/RUEDIG/MAKRIS
603-225-8801/800-777-0618

Resource Management Account®

PZFA106231-X12
8189362 - 000005

PZFA106231-X1256 - 1206 - CV - 0

[redacted]

0013283 02 AT 0.545 087PZFA
PAUL W HODES
C/O SHAHEEN & GORDON PA
PO BOX 2703
CONCORD NH 03302-2703

2006 Year-End Summary
Important Tax-Planning Information

Please keep this statement for use with your tax-reporting documents, e.g., 1099, 5498, etc.

[redacted]

		Year-to-date
Net portfolio opening value	$	44,470.47
[redacted]		
Opening cash / money fund / sweep balance	$	9,278.11
Credits to your account		
Net security earnings		1,055.45
Sales proceeds/redemptions/exchanges		7,907.21
Total credits	$	8,962.66
Debits to your account		
Withdrawals		-17,455.77
Withholdings and taxes paid		-27.30
Miscellaneous fees and adjustments		-.30
Margin/loan interest paid		-2.61
Total debits	$	-17,485.98
Credit/debit net change	$	-8,523.32
Closing cash / money fund / sweep balance	$	752.79

Important message:
Clients with account balances or activity in December should refer to the monthly statement following the Year-End Summary.

Resource Management Account®

[redacted]

Your Financial Advisor
DODGE/RUEDIG/MAKRIS
803-225-6601/800-777-0619

Statement Period: 2006 Year-End Summary

PZFA108232-X12
8189362 - 000002

[redacted]

		Year-to-date
Opening value of priced assets	$	35,194.36
Securities sold/redeemed/exchanged		-7,907.21
Change in value of investments		3,284.71
Net change in value of priced assets	$	-4,622.50
Closing value of priced assets	$	30,571.86
Net portfolio closing value as of December 28	$	31,324.65

[redacted]

Realized capital gains/losses	$	5,807.82

[redacted]

		Paid in 2006
Taxable		
Dividends	$	1,034.28
Interest		18.65
Total taxable security earnings	$	1,052.93
Total current year security earnings	$	1,052.93
Prior year(s) adjustments		2.52
Net security earnings	$	1,055.45

[redacted]

Estimated 2006 gains and losses for transactions with trade dates through 12/29/06 have been incorporated into this statement. The oldest security lot is liquidated first to calculate gains/losses (first-in, first-out or FIFO accounting method) unless you specified which lot to close when you placed your order (a versus purchase or VSP order). An asterisk (*) indicates a UBS Financial Services adjustment to cost basis. The number "1" indicates cost basis information has been provided by a source other than UBS Financial Services. See the back of the first page for additional information. This information is provided for informational purposes only and should not be relied upon for tax-filing purposes. Rely only on year-end tax forms when preparing your tax return. Gains/losses may not be adjusted for all capital changes. Cost basis for tax-exempt and AMT eligible coupon municipal securities has been adjusted automatically for estimated amortization of bond premiums. Estimates in the "Unclassified" section can not be classified as short-term or long-term due to missing information or the product is one for which a gain/loss calculation is not provided.

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain	Net gain/loss
Long-term capital gains and losses:									
CITIGROUP INC	FIFO	100.000	04/17/90	12/05/06	$ 4,938.44	$ 239.14	$	4,699.30	
REPLIGEN CORP	FIFO	1,000.000	07/16/04	09/27/06	2,988.77	1,880.25		1,108.52	
Total					$ 7,907.21	$ 2,099.39	$	5,807.82	$ 5,807.82

1819

[redacted]
Your Financial Advisor
DODGE/RUEDIG/MAKRIS
603-226-6601/800-777-0619

Resource Management Account®

Statement Period: 2006 Year-End Summary

P2FA106233-X125e
9183063 - 000000

2006 Realized gains and losses - continued

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain	Net gain/loss
Net capital gains/losses:								$	5,807.82
[redacted]									
Long-term gains/losses:								$	5,807.82

Resource Management Account®

UBS Financial Services Inc.
10 PARK STREET
P.O. BOX 2636
CONCORD, NH 03302-2636

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PZFA100234-X12
8189382 - 000004

[redacted]
Universal ID: 5277352005M

PAUL W HODES
C/O SHAHEEN & GORDON PA
PO BOX 2703
CONCORD NH 03302-2703

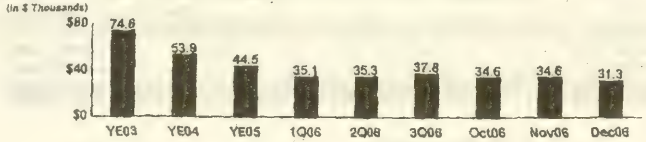
December 2006

This graph provides values and/or percentages by asset class. Insurance products, 529 Plans, Private investments, accrued interest and pending return of principal are not included in the asset classification.

		Total asset value	% of total
Cash *	$	752.79	2.40 %
Cash alternatives		.00	0.00 %
Equities		30,571.86	97.60 %
Fixed income		.00	0.00 %
Balanced		.00	0.00 %
Alternative strategies		.00	0.00 %
Other		.00	0.00 %
Total	$	31,324.65	100.00 %

* UBS Bank deposit balances are included in the "Cash" total value, and are not protected by SIPC. See the "This month at a glance" and "Cash" sections below, and the back of the first page of this statement for details regarding those balances.

This graph includes credits, debits and changes in market value. It does not include insurance products, 529 Plans, Private investments, accrued interest and pending return of principal.



Bulletin board
BE PREPARED FOR 2007. THIS MONTH'S INVESTMENT INTELLIGENCE CONTAINS OUR MARKET OUTLOOK FOR THE NEW YEAR AS WELL AS KEY INFORMATION FOR TAX-YEAR 2006. CALL YOUR FA TO DISCUSS.
RESOURCELINE 1-800-RMA-1000; ACCOUNT #: 308058302
VISIT OUR WEB SITE AT WWW.UBS.COM.

1821

Resource Management Account®

[redacted]

Your Financial Advisor
DODGE/RUEDIG/MAKRIS
603-225-6601/800-777-0619

Statement Period: December 2006

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8189382 - 000005

Value on November 30	$	34,623.82
Value on December 29	$	31,324.65
Money fund and other sweep option balance in 12/29 value	$	755.40*
Debit balance in 12/29 value	$	-2.61

** UBS Bank deposit balances are FDIC-insured in accordance with FDIC rules, and are not protected by SIPC.*

See the back of the first page for details and information regarding deposit balances.

		Current period		Year-to-date
Net portfolio opening value	$	34,623.82	$	44,470.47
Opening cash / money fund / sweep balance	$	799.08	$	9,276.11
Credits to your account				
Net security earnings		17.88		1,055.45
Sales proceeds/redemptions/exchanges		4,938.44		7,907.21
Total credits	$	4,956.32	$	8,962.66
Debits to your account				
Withdrawals		-5,000.00		-17,455.77
Withholdings and taxes paid		.00		-27.30
Miscellaneous fees and adjustments		.00		-.30
Margin/loan interest paid		-2.61		-2.61
Total debits	$	-5,002.61	$	-17,485.98
Credit/debit net change	$	-46.29	$	-8,523.32
Closing cash / money fund / sweep balance	$	752.79	$	752.79

[redacted]
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Resource Management Account®

Statement Period: December 2006

PZFA108238-X1256
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	Current period	Year-to-date
Opening value of priced assets	$ 33,824.74	$ 35,194.36
Securities sold/redeemed/exchanged	-4,938.44	-7,907.21
Change in value of investments	1,685.56	3,284.71
Net change in value of priced assets	$ -3,252.88	$ -4,622.50
Closing value of priced assets	$ 30,571.86	$ 30,571.86
Net portfolio closing value as of December 29	$ 31,324.65	$ 31,324.65
Realized capital gains/losses	$ 4,699.30	$ 5,807.82

Earnings below are classified as taxable or non-taxable based on the tax status for the specific security on which the earnings are received and does not attempt to reflect your account's tax status or reporting requirements. Use only official tax reporting documents (e.g. 1099) for tax reporting purposes. The classification of private investment distributions can only be determined by referring to the official year-end tax reporting document provided by the issuer.

	Current period	Year-to-date
Taxable		
Dividends	$ 17.28	$ 1,034.28
Interest	.60	18.65
Total taxable security earnings	$ 17.88	$ 1,052.93
Total current year security earnings	$ 17.88	$ 1,052.93
Prior year(s) adjustments	.00	2.52
Net security earnings	$ 17.88	$ 1,055.45

	Current period	Year-to-date
Foreign taxes paid	.00	-27.30

Year-to-date late payment interest	$	2.81

The following return objective and risk profile(s) describe overall goals for this account. For each account held, you must provide one return objective, one primary risk profile and, if applicable, a secondary risk profile. A full description of the alternatives is included on the back of the first page. If you have questions regarding these objectives, disagree with or wish to change them, please notify your Financial Advisor or Branch Manager at your branch office, in writing or by telephon

Return objective: Capital appreciation
Risk profile: Primary: Moderate
Secondary: None selected

Resource Management Account®

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Your Financial Advisor
DODGE/RUEDIG/MAKRIS
603-225-6801/800-777-0619

Statement Period: December 2006

PZFA106237-X12
8198362 - 000007

When available, prices, income and current values may be approximate and thus gains/losses may not be accurately reflected. An asterisk (*) indicates the calculation of unrealized gains/losses based upon a UBS Financial Services adjustment to cost basis. The number "1" indicates cost basis information has been provided by a source other than UBS Financial Services. See the back of the first page for additional information. Gains/losses are not calculated for zero coupon investments. "Pending adjustment" or "PIA" indicates cost basis has not yet been allocated as a result of a spin-off or taxable exchange.

Cash and money funds

Description	Opening balance	Closing balance	Closing share price	Average rate	Dividend period	Days in period
Cash	.00	-2.61				

UBS Bank deposits

UBS Bank deposits balances are FDIC-insured in accordance with FDIC rules, are not protected by SIPC. See the back of the first page of this statement for details and information regarding the deposit balances.

Description	Opening balance	Closing balance	Average rate	Interest period	Days in period
UBS BANK USA DEP ACCT	789.08	755.40	1.08%	11/07 - 12/06	30

Common stock

Description	Total shares	Price	Current value	Est. annual income/ Current yield	Trade date	Purchase price	Cost basis	Unrealized gain/loss	Hol per
CITIGROUP INC Symbol: C Exchange: NYSE	300.000	55.700	16,710.00	588/ 3.52%	04/17/90	2.342	717.41	15,992.59 1	
MEDCO HEALTH SOLUTIONS INC Symbol: MHS Exchange: NYSE	6.000	53.440	320.64		02/22/01	34.685	208.11	112.53	
MUELLER INDS INC Symbol: MLI Exchange: NYSE	100.000	31.700	3,170.00	40/ 1.26%	12/29/92	5.687	583.42	2,586.58	
NESTLE S A SPONSORED ADR REPSTG REG SHS SWITZ ADR Symbol: NSRGY Exchange: OTC	100.000	88.679	8,867.90	118/ 1.33%	01/24/90	14.875	1,518.42	7,349.48	

Continued on page 5

Resource Management Account®

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Your Financial Advisor
DODGE/RUEDIG/MAKRIS
803-225-6601/800-777-0619

Statement Period: December 2006

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Common stock - continued

Description	Total shares	Price	Current value	Est. annual income/ Current yield	Trade date	Purchase price	Cost basis	Unrealized gain/loss	Holding period
ST PAUL TRAVELERS COS INC	19.000	53.690	1,020.11		04/17/90	2.840	55.08	965.03	LT
Symbol: STA Exchange: NYSE	9.000	53.690	483.21		04/17/90	2.675	24.58	458.63	LT
Security total	28.000		1,503.32	29/ 1.93%			79.66	1,423.66	
Total	534.000		30,571.86	775			3,107.02	27,464.84	

Research opinions

UBS Wealth Management Research is written by UBS Global Wealth Management & Business Banking, and UBS Investment Research is written by UBS Investment Bank. Both UBS research providers, which are separate and independent employ their own ratings systems, methodologies and may publish research views that are inconsistent with each other. For more information about each research source, please go to UBS Online Services or ask your Financial Advisor. Independent third-party research on certain companies covered by UBS Research is available to customers of UBS in the United States at no cost. Customers can access this research at www.ubs.com/independentresearch or can call 1-877-208-5700 to request that a copy of this research be sent to them. Research ratings are as of the end of the statement period. Where UBS dropped coverage on a company, ratings are as of the date coverage was dropped. Independent research will continue to be available for 18 months after UBS dropped coverage. Please consult the independent research website for the most current rating information.
: Indicates that the rating for this stock may have been placed Under Review by the Wealth Management Research or Investment Research analyst, or may either be subject to a Rating/Return divergence or have an exception to the core rating bands by Investment Research. + Indicates that the recommendation has been suspended due to either a restriction or pending review by the analyst.

Security	UBS WM Research Rating / Industry Relative Rating	UBS Investment Research Rating	Independent Research Rating	Independent Research Rating
CITIGROUP INC		NEUTRAL/ LOWER PREDICTABILITY RATINGS EXCEPTION $	ARGUS FUNDAMENTAL BUY	VALUENGINE, INC HOLD
MEDCO HEALTH SOLUTIONS INC		NEUTRAL/ LOWER PREDICTABILITY	ARGUS FUNDAMENTAL BUY	
ST PAUL TRAVELERS COS INC	BUY OUTPERFORM	BUY/ HIGHER PREDICTABILITY RATINGS EXCEPTION $	SABRIENT SYSTEMS BUY	BOYAR'S ALT VIEWPOINT BUY

Cash flow

Date	Activity	Description	Amount
11/30		Balance forward	$ .00
12/06	WITHDRAWAL	CHECK CV00117 PER REQUEST	-5,000.00
12/07	INTEREST	UBS BANK USA DEPOSIT ACCOUNT AS OF 12/06/06	.60
12/15	DIVIDEND	MUELLER INDS INC PAID ON 100	10.00
12/28	DIVIDEND	ST PAUL TRAVELERS COS INC PAID ON 28	7.28

continued on page 6

Resource Management Account®

[redacted]

Your Financial Advisor
DODGE/RUEDIG/MAKRIS
803-225-8601/800-777-0619

Statement Period: December 2006

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8180362 - 000009E

Cash flow - continued

Date	Activity	Description		Amount
12/29	INTEREST CHARGE	LATE PAYMENT INTEREST		-2.61
		Proceeds from security transactions	$	4,938.44
		Proceeds from money fund/sweep trans.	$	799.68
		Funds used for money fund/sweep trans.	$	-756.0
12/29		**Closing balance**	$	-2.6

Security transactions

Refer to the disclosure on the back of the first page regarding the Price/Value presented for restricted securities.

Date	Activity	Description	Quantity	Price / Value		Amount
12/08	SOLD	CITIGROUP INC UNSOLICITED	-100.000	50.27	$	4,938.44
		Securities sold			$	4,938.44

Money funds and other sweep options

The UBS Bank USA Deposit Account is your primary sweep option.

Date	Activity	Money fund/sweep option		Amount
11/30		**Opening UBS Bank USA Deposit Account**	$	799.08
12/07	WITHDRAWAL	UBS BANK USA DEPOSIT ACCOUNT AS OF 12/06/06		-799.08
12/07	DEPOSIT	UBS BANK USA DEPOSIT ACCOUNT AS OF 12/06/06		.60
12/08	WITHDRAWAL	UBS BANK USA DEPOSIT ACCOUNT AS OF 12/07/06		-.60
12/11	DEPOSIT	UBS BANK USA DEPOSIT ACCOUNT		738.1
12/18	DEPOSIT	UBS BANK USA DEPOSIT ACCOUNT		10.0
12/29	DEPOSIT	UBS BANK USA DEPOSIT ACCOUNT		7.2
12/29		**Closing UBS Bank USA Deposit Account**	$	755.4
		Sweep option purchased/deposited	$	756.0
		Sweep option sold/withdrawn	$	-799.6

December 08/[redacted]

UBS Financial Services Inc.
10 PARK STREET
P.O. BOX 2636
CONCORD, NH 03302-2636

UBS Financial Services Inc.

2006 Consolidated Form 1099

[redacted] P02L005885-X13

[redacted]

Your Financial Advisor or Contact
DODGE/RUEDIG/MAKRIS 603-225-8801/800-777-0819

PAUL W HODES
C/O SHAHEEN & GORDON PA
PO BOX 2703
CONCORD NH 03302-2703

0000154

IMPORTANT NOTICE:
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
UBS Financial Services Inc., 1285 Ave of Americas, NY, NY 10019 (Federal ID 13-2638166)

Only the forms applicable to your account are shown. Forms which are not applicable and therefore not shown include: Form 1099-OID, Form 1099-MISC.

Form 1099-DIV Dividends and Distributions *(OMB No. 1545-0110)*

Line#	Category	Amount
1a	Ordinary dividends (includes lines 1b and 5)	$ 1,034.28
1b	Qualified dividends	1,034.28
2a	Total capital gain distributions (includes lines 2b, 2c, 2d)	0.00
2b	Unrecaptured section 1250 gain	0.00
2c	Section 1202 gain	0.00
2d	28% rate gain (Collectibles)	0.00
3	Nontaxable distributions	0.00
4	Federal income tax withheld	0.00
5	Investment expenses	0.00
6	Foreign tax paid	27.30
7	Foreign country or U.S. possession	
8	Liquidation distributions - cash	0.00
9	Liquidation distributions - non-cash (fair market value)	0.00

Form 1099-INT Interest Income *(OMB No. 1545-0112)*

Line#	Category	Amount
1	Interest income (not included on line 3)	$ 19.05
2	Early withdrawal penalty	0.00
3	Interest on U.S. Savings Bonds and Treasury obligations	0.00
4	Federal income tax withheld	0.00
5	Investment expenses (included on line 1)	0.00
6	Foreign tax paid	0.00
7	Foreign country or U.S. possession	
8	Tax-exempt interest	0.00
9	Specified private activity bond interest(included on line 8)	0.00

Form 1099-B Proceeds From Broker & Barter Exchange Transactions *(OMB No. 1545-0715)*

Line#	Category	Amount
1a	Date of sale or exchange	Various
1b	CUSIP number	Various
2	Stocks, bonds, etc. reported to IRS (gross proceeds less commissions)	$ 7,907.21
3	Bartering	0.00
4	Federal income tax withheld	0.00
5	Number of shares exchanged	0
6	Classes of stock exchanged	Various
7	Description	See details

Details for Items Reported on Forms 1099

Dividends and Distributions Details Reported on Form 1099-DIV

Description	Additional Information	Ex Date	Payment Date	Tax year	Amou
Qualified dividends					
CITIGROUP INC		02/02/06	02/24/06	2006	196.0
		04/27/06	05/26/06	2006	199.0
		08/03/06	08/25/06	2006	196.0

Continued on page 2

[redacted] Page 2 of 4

Your Financial Advisor or Contact
DODGE/RUEDIG/MAKRIS
603-225-6601/800-777-0819

UBS Financial Services Inc.

2006 Consolidated Form 1099

P02L005868-X13

Dividends and Distributions Details Reported on Form 1099-DIV - continued

Description	Additional Information	Ex Date	Payment Date	Tax year		Amount
CITIGROUP INC		11/02/06	11/22/06	2006		196.00
Sub Total: CITIGROUP INC					$	784.00
MUELLER INDS INC		02/27/06	03/15/06	2006		10.00
		05/30/06	06/15/06	2006		10.00
		08/30/06	09/15/06	2006		10.00
		11/29/06	12/15/06	2006		10.00
Sub Total: MUELLER INDS INC					$	40.00
NESTLE S A SPONSORED ADR REPSTG REG SHS SWITZ ADR		03/31/06	06/16/06	2006	$	182.00
ST PAUL TRAVELERS COS INC		03/08/06	03/31/06	2006		6.44
		06/07/06	06/30/06	2006		7.28
		09/06/06	09/29/06	2006		7.28
		12/06/06	12/28/06	2006		7.28
Sub Total: ST PAUL TRAVELERS COS					$	28.28
Total Line 1b Qualified dividends					$	1,034.28

Foreign tax paid

NESTLE S A SPONSORED ADR REPSTG REG SHS SWITZ ADR			06/16/06	2006	$	27.30
Total Line 6 Foreign tax paid					$	27.30

Interest Income Details Reported on Form 1099-INT

For clients holding REMICs / Other CDOs: you may receive a corrected Consolidated Form 1099 in March. This Form will contain a Supplemental Information Statement comprised of rate accruals provided to us by the issuer(s) agents. This is information that is not available in January and is necessary for individual tax filing purposes. See enclosure for more information.

Description	Additional Information	Payment Date	Tax year	Amount
UBS BANK USA DEPOSIT ACCOUNT		01/24/06	2006	6.72
		02/21/06	2006	6.41
		03/24/06	2006	2.47
		05/23/06	2006	.07
		06/23/06	2006	.33
		07/24/06	2006	.29
		08/24/06	2006	.31
		09/07/06	2006	.25
		10/05/06	2006	.56

Continued on page 3

[redacted]

Your Financial Advisor or Contact
DODGE/RUEDIG/MAKRIS
603-225-8801/800-777-0619

UBS Financial Services Inc.

2006 Consolidated Form 1099

P02LD05987-X1:

Interest Income Details Reported on Form 1099-INT - continued

For clients holding REMICs / Other CDOs: you may receive a corrected Consolidated Form 1099 in March. This Form will contain a Supplemental Information Statement comprised of rate accruals provided to us by t issuer(s) agents. This is information that is not available in January and is necessary for individual tax filing purposes. See enclosure for more information.

Description	Additional Information	Payment Date	Tax year	Amou
UBS BANK USA DEPOSIT ACCOUNT		11/08/06	2006	.6
		12/08/06	2006	.6
		12/28/06	2006	.4
Sub Total: UBS BANK USA DEPOSIT				$ 18.0
Total Line 1 Interest income (less line 3)				$ 19.0

Proceeds from Broker Transactions Details Reported on Form 1099-B

"Net proceeds" is the amount reported to the IRS. Accrued interest is reported on Form 1099-INT and details are also included in that Form's detail section.

Date of sale or activity (Line #1a)	Activity	Quantity/ Face value/ Shares exchanged	Description (Line #7)	Class of stock exchanged (Line #8)	Cusip number (Line #1b)	Net proceeds (Line #2)	Accrued interest	Federal income t withheld (Line #4
12/05/06	Sell	100	CITIGROUP INC		172967101	4,938.44	.00	.0
09/27/06	Sell	1,000	REPLIGEN CORP		758916109	2,968.77	.00	.0
			Total			$ 7,907.21	$ 0.00	$ 0.0

2006 Realized Gain/Loss

This Realized Gain/Loss Summary is not a tax reporting document and has not been submitted to the IRS.
Estimated 2006 gain/loss for transactions with trade dates through 12/29/06 have been incorporated into this statement. The cost basis of the oldest lot (first-in, first-out or FIFO method of accounting) is assigned to a sale to calculate gain/loss unless you identified a specific lot (a "versus purchase" or "VSP" order) when you placed your sell order. An asterisk (*) indicates a UBS Financial Services adjustment to cost basis. The number "1" indicates cost basis information has been provided by a source other than UBS Financial Services. Gain/loss may not be adjusted for all capital changes. Cost basis for coupon tax-exempt municipal securities (including securities subject to AMT) has been adjusted for mandatory amortization of bond premium. "Earnings" in the Purchase Date Column indicates that gain/loss has been aggregated. Please rely on the confirmations and statements previously provided to you as your official activity record. Activity marked as "Unclassified" cannot be classified as short-term or long-term due to missing information or the product is one for which a gain/loss calculation is not provided.

Security Description	Method	Activity Type	Quantity/ Face value	Purchase Date	Sale Date	Purchase Amount	Sale Amount	Gain/Loss	Holding Period
CITIGROUP INC	FIFO	Trade	100.000	04/17/90	12/05/06	$ 239.14	$ 4,938.44	$ 4,699.30 1	Long Term
REPLIGEN CORP	FIFO	Trade	1,000.000	07/16/04	09/27/06	1,860.25	2,968.77	1,108.52	Long Term
Total Realized Gain/Loss						$ 2,099.39	$ 7,907.21	$ 5,807.82	

Fidelity INVESTMENTS

2006 Investment Report

January 1, 2006 - December 31, 2006

#BWNFRKS Envelope 121066805

PAUL W HODES
C/O SHAHEEN & GOROON PA
PO BOX 2703
CONCORD NH 03302-2703

Your Advisor
HORIZON ASSET MGMT., INC.
470 PARK AVENUE SOUTH
4TH FLOOR SOUTH
NEW YORK NY 10016-6819
Phone: (646)495-7333

This Investment Report summarizes activity in your Fidelity accounts for the past year. We hope you find it helpful, however, keep in mind, it is not intended for tax reporting purposes. To assist you with completing your tax returns, we mail a Tax Reporting Statement in late January. The supplemental information section of that Statement contains such items as realized gain/loss information, cost basis information, and tax-exempt income from Fidelity Funds. Your IRA summary statement and certain other tax forms, such as Form 1099-R and Form 5498, are mailed under separate cover.

Brokerage [redacted] · PAUL W HODES - INDIVIDUAL

2006 Account Summary

Beginning value as of Jan 1	$251,336.81
Withdrawals	-32,000.00
Other Tax Withheld	-197.14
Transaction costs, loads and fees	-1,439.07
Change in investment value	77,453.13
Ending value as of Dec 31	**$295,153.73**

Income Summary

Taxable	
Ordinary Dividends	
Dividends	$3,386.96
Interest	305.78
Tax-exempt	
Dividends	644.46
Return of capital	**2,568.72**
Return of principal	**1,750.00**
Total	**$8,655.32**

Foreign taxes paid on securities you owned are included in Ordinary Dividends. Detailed reporting and instructions to help you file your federal tax return are found on your Form 1099-DIV.

TAXES

Your Advisor is an independent organization and is not affiliated with Fidelity Investments. Fidelity does not endorse or recommend any particular investment.

[redacted]
Your Financial Advisor or Contact
DODGE/RUEDIG/MAKRIS
603-225-6601/800-777-0818

UBS Financial Services Inc.

2006 Consolidated Form 1099

P02L005865-X13

2006 Realized Gain/Loss Summary

Gain/loss may not be adjusted for all capital changes, or due to missing information.
Activity marked as "Unclassified" cannot be classified as short-term or long-term due to missing information or the product is one for which a gain/loss calculation is not provided.

	Purchase	Sale	Gains	Losses	Net Gain/Loss
Long-term gains/losses:	$ 2,099.39	$ 7,907.21	$ 5,807.82	$	$ 5,807.82
Sub Total:	$ 2,099.39	$ 7,907.21	$ 5,807.82	$	$ 5,807.82
Total:	$ 2,099.39	$ 7,907.21	$ 5,807.82	$	$ 5,807.82

Fidelity INVESTMENTS

2006 Investment Report

January 1, 2006 - December 31, 2006

Brokerage [redacted] PAUL W HODES - INDIVIDUAL

Holdings (Symbol) as of 12/31	Performance December 31, 2006 Income Earned	Quantity	Price per Unit	Total Cost Basis	Total Value
Stocks					
LONDON STOCK EXCHANGE GROUP PLC	$0.00	590.000	$26.639	$4,834.23	$15,127.01
- LONDON SHS ISIN #GB00B0SWJX34 - SEDOL #B0SWJX3 (LDNXF)					
WHITE MOUNTAINS INSURANCE GRP LTD	80.00	10.000	579.430	3,400.00	5,794.30
SHS ISIN #BMG9618E1075 SEDOL #2339252 (WTM)					
BEIJING CAPITAL INTERNATIONAL AIRPORT CO LTD BCIA SHS H (CHINA)	0.00	4,000.000	0.783	2,658.00	3,132.20
ISIN #CN0009324749 SEDOL #6208422 (BJCHF)					
HONG KONG EXCHANGES AND CLEARING LTD SHS	0.00	1,000.000	10.994	8,958.00	10,994.00
ISIN #HK0388034859 SEDOL #6267359 (HKXCF)					
SINGAPORE EXCHANGE LTD SHS	0.00	2,000.000	3.715	5,988.00	7,430.08
ISIN #SG1J26887955 SEDOL #6303866 (SPXCF)					
ALLEGHENY ENERGY INC (AYE)	0.00	320.000	45.910	4,851.88	14,691.20
AQUILA INC COM (ILA)	0.00	6,000.000	4.700	17,772.60	28,200.00
BANK NEW YORK INC (BK)	66.00	150.000	39.370	5,249.00	5,905.50
BERKSHIRE HATHAWAY INC DEL CL B (BRKB)	0.00	3.000	3,666.000	6,933.00	10,998.00
BROOKFIELD ASSET MGMT INC COM VOTING	28.00	285.000	48.180	10,896.12	11,322.30
SHS CL A ISIN #CA1125851040 (BAM)					
CANADIAN OIL SANDS TR NEW UNIT	1,173.97	418.000	27.982	2,697.53	11,696.47
ISIN #CA13642L1004 SEDOL #2061834 (COSWF)					
CENTERPOINT ENERGY INC (CNP)	1,335.00	900.000	16.580	7,939.44	14,922.00
EL PASO CORP COM (EP)	304.00	1,900.000	15.280	13,439.68	29,032.00

Your Advisor is an independent organization and is not affiliated with Fidelity Investments. Fidelity does not endorse or recommend any particular investment, trading activity, or agent/Advisor. Brokerage services provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC.

Fidelity INVESTMENTS

2006 Investment Report

January 1, 2006 - December 31, 2006

Brokerage [redacted] PAUL W HODES - INDIVIDUAL

Holdings (Symbol) as of 12/31	Performance December 31, 2006	Income Earned	Quantity	Price per Unit	Total Cost Basis	Total Value
LABRANCHE & CO (LAB)		0.00	1,000.000	9.830	6,757.25	9,830.00
LEUCADIA NATL CORP (LUK)		168.50	674.000	28.200	8,632.01	19,008.80
MASTERCARD INC CL A (MA)		0.00	70.000	98.490	6,826.00	6,894.30
NYSE GROUP INC COM (NYX)		0.00	175.000	97.200	10,822.45	17,010.00
NASDAQ STK MKT INC (NDAQ)		0.00	225.000	30.790	9,283.17	6,927.75
PROGRESSIVE CORP OHIO (PGR)		0.00	650.000	24.220	15,170.27	15,743.00
RELIANT ENERGY INC FORMERLY RELIANT RES INC TO 04/26/2004 (RRI)		0.00	1,700.000	14.210	13,465.89	24,157.00
WASHINGTON POST CO CL B (WPO)		62.40	8.000	745.600	7,217.95	5,964.80
Bonds						
FINOVA GROUP INC SR SEC NT 7.500% 11/15/2009		1,526.87	25,000.000	14.500	unknown	3,625.00
Core Account						
FIDELITY MUNICIPAL MONEY MARKET (FTEXX)	*7-day yield: 3.49%*	644.46	16,750.020	1.000	not applicable	16,750.02
Total Market Value as of December 31, 2006						**$295,153.73**
Total income earned on positions no longer held		4,974.09				
2006 Income Earned		**$ 10,363.29**				

All positions held in cash account unless indicated otherwise.

Transaction Details of Core Account

Core Account - *Fidelity Municipal Money Market*

Description	Amount	Balance	Description	Amount	Balance
Beginning		$21,466.60	Other disbursements	-700.67	
Securities bought	-$64,528.56		Core account income	644.46	
Securities sold	82,960.06		Income	5,356.79	
Other additions	4,826.29		Other withdrawals	-32,000.00	

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Fidelity INVESTMENTS

2006 Investment Report

January 1, 2006 - December 31, 2006

Brokerage [redacted] PAUL W HODES - INDIVIDUAL
Transaction Details

Transaction Details of Core Account

Core Account - *Fidelity Municipal Money Market*

Description	Amount	Balance	Description	Amount	Balance
Account fees and charges	-1,274.95		Ending		$16,750.02

Additional Information About Your Annual Investment Report

A copy of your Annual Investment Report is available to:

HORIZON ASSET MGMT., INC.
470 PARK AVENUE SOUTH
4TH FLOOR SOUTH
NEW YORK NY 10016-6819

STEVE BREGMAN-HAM
470 PARK AVE S
4TH FLOOR SOUTH
NEW YORK NY 10016-6819

FLORENCE HODES
145 CENTRAL PARK W
NEW YORK NY 10023-2004

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~~PAUL W. HODES PG 22 OF 59~~

Fidelity INVESTMENTS

Brokerage Name and Address:
FIDELITY BROKERAGE SERVICES LLC
82 DEVONSHIRE STREET
BOSTON, MA 02109

2006 Tax Reporting Statement

Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	1 of 2

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
200 LIBERTY ST. 5TH FLR
NEW YORK, NY 10281-5500

Federal ID Number: 04-3523567

Customer Service: 646-485-7333

CORRECTED 03/23/2007
C=Corrected

00005

00001125 02 MB 0.563 **AUTO T7 0 8329 03301-621170
P A 01 4
PAUL W HODES
C/O SHAHEEN & GORDON PA
70 FISK RD
CONCORD NH 03301-6211

Corrected

Form 1099-DIV * — 2006 Dividends and Distributions

Corrected 03/23/2007 — OMB NO. 1545-0110 — Copy B for Recipient

	Amount
1a Total Ordinary Dividends	3,305.14C
1b Qualified Dividends	3,305.14C
2a Total Capital Gain Distributions (Includes 2b - 2d)	0.00C
2b Capital Gains that represent Unrecaptured Section 1250 Gain	0.00
2c Capital Gains that represent Section 1202 Gain	0.00
2d Capital Gains that represent Collectibles (28%) Gain	0.00
3 Nondividend Distributions	2,649.94C
4 Federal Income Tax Withheld	0.00
5 Investment Expenses	0.00
6 Foreign Tax Paid	197.14
7 Foreign Country or U.S. Possession	Various
8 Cash Liquidation Distributions	0.00
9 Non-Cash Liquidation Distributions	0.00

Form 1099-INT * — 2006 Interest Income

OMB NO. 1545-0112 — Copy B for Recipient

	Amount
1 Interest Income	305.78
2 Early Withdrawal Penalty	0.00
3 Interest on U.S. Savings Bonds and Treas. Obligations	0.00
4 Federal Income Tax Withheld	0.00
5 Investment Expenses	0.00
6 Foreign Tax Paid	0.00
7 Foreign Country or U.S. Possession	
8 Tax-Exempt Interest	644.48

Form 1099-MISC * — 2006 Miscellaneous Income

OMB NO. 1545-0115 — Copy B for Recipient

	Amount
2 Royalties	0.00
4 Federal Income Tax Withheld	0.00
8 Substitute Payments in Lieu of Dividends or Interest	0.00

Summary of 2006 Proceeds From Broker and Barter Exchange Transactions

	Amount
Gross Proceeds Less Commissions	82,658.32†
Federal Income Tax Withheld	0.00†

†Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement. Report gross proceeds individually for each security on the appropriate IRS tax return. Do not report gross proceeds in aggregate.

Summary of 2006 Original Issue Discount

	Amount
Total Original Issue Discount	2,228.58‡
Total Original Issue Discount on U.S. Treasury Obligations	0.00‡

‡Original Issue Discount (OID) amounts are reported individually to the IRS. Refer to the Original Issue Discount detail section of this statement.

*This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Please see the enclosed important instructions.

~~PAUL W HODES PG 23 OF 59~~

2006 Tax Reporting Statement		
Account No.	Taxpayer ID	Page
[redacted]	[redacted]	2 of 2

Fidelity INVESTMENTS

Brokerage Name and Address:
FIDELITY BROKERAGE SERVICES LLC
82 DEVONSHIRE STREET
BOSTON, MA 02109

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
200 LIBERTY ST. 5TH FLR
NEW YORK, NY 10281-5500

Federal ID Number: 04-3523567

Customer Service: 648-495-7333

PAUL W HODES
C/O SHAHEEN & GORDON PA
70 FISK RD
CONCORD NH 03301-6211

Corrected

Form 1099-B *

2006 Proceeds from Broker and Barter Exchange Transactions

OMB NO. 1545-0715
Copy B for Recipient

Description (7)	CUSIP (1b)	Quantity	Event	Date of Sale or Exchange (1a)	Stocks, Bonds, etc. (2) §	Federal Income Tax Withheld (4)
LONDON STOCK EXCHANGE GROUP PLC LONDO	G56890103	0.000	CA[illegible]	06/07/06	4.04	0.00
ALLEGHENY ENERGY INC	017361106	100.000	SALE	10/18/06	4,164.75	0.00
		80.000	SALE	12/04/06	3,597.97	0.00
BERKSHIRE HATHAWAY INC DEL CL B	084670207	2.000	SALE	05/03/06	5,888.81	0.00
CACI INTL INC CL A	127190304	[illegible]	SALE	01/11/06	5,987.12	0.00
CANADIAN OIL SANDS TR NEW UNIT ISIN	13642L100	[illegible]	SALE	10/17/06	2,673.29	0.00
		[illegible]	SALE	10/17/06	2,664.41	0.00
		632.000	SALE	12/18/06	17,897.51	0.00
CENTERPOINT ENERGY INC	15189T10[illegible]	1,100.000	SALE	10/18/06	16,479.83	0.00
		500.000	SALE	11/29/06	8,009.33	0.00
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NA[illegible]	15,000.000	SALE	05/09/06	15,281.25	0.00
			Total - COLUMN 2		82,868.32	
			Total - COLUMN 4			0.00

§ - Gross proceeds less commissions

Form 1099-OID *

2006 Original Issue Discount

OMB NO. 1545-0117
Copy B for Recipient

Description (5)	CUSIP	Original Issue Discount for 2006 (1)	Original Issue Discount on U.S. Treasury Obligations (6)
FINOVA GROUP INC SR SEC NT 7.500%	317928AA7	1,526.87	--
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	702.71	--
	Total	2,229.58 ‡	

‡ This may not be the correct figure to report on your income tax return. Please see the enclosed instructions.

*This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Please see the enclosed Important Instructions.

Fidelity INVESTMENTS

2006 Supplemental Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	1 of 8

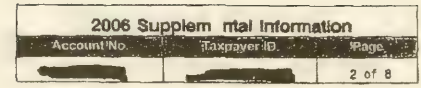
Customer Service: 646-495-7833

PAUL W HODES
C/O SHAHEEN & GORDON PA
70 FISK RD
CONCORD NH 03301-6211

Detail Information — 1099-DIV — Dividends and Distributions

Corrected

Description	CUSIP	Date	Amount	Total
This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.				
Total Ordinary Dividends - LINE 1a (Includes 1b)				
Qualified Dividends - LINE 1b				
LONDON STOCK EXCHANGE LTD SHS ISIN	GB0021119	03/00/06	53.88	
		03/26/06	114.61	168.49
WHITE MOUNTAINS INSURANCE GRP LTD SHS	G9618E107	03/22/06	20.00	
		06/28/06	20.00	
		09/27/06	20.00	
		12/27/06	20.00	80.00
BANK NEW YORK INC	064057102	08/04/06	33.00	
		11/03/06	33.00	66.00
BROOKFIELD ASSET MGMT INC COM VTG CLS SHS	112585104	11/30/06	28.00	28.00
CANADIAN OIL SANDS TR NEW UNIT ISIN	13642L100	02/28/06	219.22	
		02/28/06	204.05 C	
		02/28/06	219.22-C	
		05/31/06	341.69	
		05/31/06	318.05 C	
		05/31/06	341.69-C	
		08/31/06	337.69	
		08/31/06	314.39 C	
		08/31/06	337.69-C	
		11/30/06	275.37	
		11/30/06	256.32 C	
		11/30/06	275.37-C	1,092.75
CENTERPOINT ENERGY INC	15189T107	03/10/06	375.00	
		06/09/06	375.00	
		09/08/06	375.00	
		12/08/06	210.00	1,335.00
EL PASO CORP COM	28336L109	01/03/06	76.00	
		04/03/06	76.00	
		07/03/06	76.00	
		10/02/06	76.00	304.00
LEUCADIA NATL CORP	527288104	12/29/06	168.50	168.50



2006 Supplem mtal Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	2 of 8

Fidelity INVESTMENTS

Customer Service: 646-495-7333

PAUL W HODES
C/O SHAHEEN & GORDON PA
70 FISK RD
CONCORD NH 03301-6211

Detail Information — 1099-DIV — Dividends and Distributions

Description	CUSIP	Date	Amount	Total
This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.				
Total Ordinary Dividends - LINE 1a (Includes 1b)				
Qualified Dividends - LINE 1b				
WASHINGTON POST CO CL B	939640108	05/10/06	15.60	
		08/12/06	15.60	
		08/11/06	15.60	
		11/10/06	15.60	62.40
		Total Qualified Dividend Distributions		**3,305.14**
		Total Ordinary Dividends - LINE 1a (Includes 1b)		**3,305.14 #**

Corrected

\# - Short-term capital gain distributions reported on account statements are included in "Total Ordinary Dividends" on Form 1099-DIV. Such gains may also be included in "Qualified Dividends" on Form 1099-DIV if they may be taxed as qualified dividends. As a result, the reporting of short-term capital gain distributions on account statements and on Form 1099-DIV may not match.

Nondividend Distributions - LINE 3				
LONDON STOCK EXCHANGE LTD SHS ISIN	G8502Z119	05/15/06	2,568.72	2,568.72
CANADIAN OIL SANDS TR NEW UNIT ISIN	13642L100	02/28/06	15.17 C	
		05/31/06	23.64 C	
		08/31/06	23.36 C	
		11/30/06	19.05 C	81.22
		Total Nondividend Distributions - LINE 3		**2,649.94**
Foreign Tax Paid - LINE 6				
LONDON STOCK EXCHANGE LTD SHS ISIN	G8502Z119	01/06/06	5.39	
		05/26/06	11.46	16.85
BROOKFIELD ASSET MGMT INC COM VOTING SHS	112585104	11/30/06	4.20	4.20
CANADIAN OIL SANDS TR NEW UNIT ISIN	13642L100	02/28/06	32.88	
		05/31/06	51.25	
		08/31/06	50.65	
		11/30/06	41.31	176.09
		Total Foreign Tax Paid - LINE 6		**197.14**

Fidelity INVESTMENTS

2006 Supplemental Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	3 of 8

Customer Service: 646-495-7333

PAUL W HODES
C/O SHAHEEN & GORDON PA
70 FISK RD
CONCORD NH 03301-6211

Detail Information — 1099-INT — Interest

Corrected

Description	CUSIP	Date	Amount	Total
This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.				
Ordinary Interest - LINE 1				
Accrued Interest on Sale of Bonds				
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	06/12/06	305.78	305.78
		Accrued Interest on Sale of Bonds		305.78
		Total Ordinary Interest - LINE 1		305.78

Detail Information — 1099-OID — Original Issue Discount

Description	CUSIP	Begin Date	End Date	Days Held	OID Rate	Face Amount	Amount	Total
This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.								
Original Issue Discount for 2006 - Column 1								
FINOVA GROUP INC SR SEC NT 7.500%	317928AA7	01/01	05/14	134	.1784951	15,000.00	358.78	
		05/15	11/10	180	.1647547	15,000.00	444.84	
		11/15	12/30	46	.1630519	15,000.00	112.51	
		01/01	05/14	134	.1784951	5,000.00	119.59	
		01/01	05/14	134	.1784951	5,000.00	119.59	
		05/15	11/10	180	.1647547	5,000.00	148.28	
		05/15	11/10	180	.1647547	5,000.00	148.28	
		11/15	12/30	46	.1630519	5,000.00	37.50	
		11/15	12/30	48	.1630519	5,000.00	37.50	1,526.67
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	01/01	03/15	74	.3576115	6,000.00	158.78	
		03/15	05/10	57	.3576097	6,000.00	122.30	
		01/01	03/15	74	.3576115	5,000.00	132.32	
		03/15	05/10	57	.3576097	5,000.00	101.92	
		01/01	03/15	74	.3576115	4,000.00	105.85	
		03/15	05/10	57	.3576097	4,000.00	81.54	702.71
		Total Original Issue Discount for 2006 - Column 1						2,229.68

Fidelity INVESTMENTS

2006 Suppl m ntal Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	4 of 8

PAUL W HODES
C/O SHAHEEN & GORDON PA
70 FISK RD
CONCORD NH 03301-6211

Customer Service: 646-495-7333

Other Information For Tax Return Preparation

Amount

Except for Tax-Exempt Interest, the information on this and the following pages is not reported to the IRS. It is provided for your assistance in tax return preparation.

Tax-Exempt Interest	644.46
Margin Interest Paid	0.00
Return of Principal	1,750.00
Accrued Interest Paid on Purchases	0.00
Short-Term Realized Gain/Loss	4.04
Long-Term Realized Gain/Loss	39,470.15

Corrected

Detail Information — Tax-Exempt Interest

Description	CUSIP	Date	Tax-Exempt Interest	Total
The total amount of Tax-Exempt Interest reported below is reported to the IRS and must be reported on your Form 1040 as tax-exempt interest. Tax-exempt interest includes exempt-interest dividends from funds. The details are provided for your assistance in tax return preparation.				
Tax-Exempt Interest				
FIDELITY MUNICIPAL MONEY MARKET	316114107	01/31/06	55.09	
		02/28/06	50.51	
		03/31/06	17.25	
		04/28/06	18.68	
		05/31/06	45.13	
		06/30/06	74.36	
		07/31/06	78.62	
		08/31/06	77.32	
		09/29/06	72.49	
		10/31/06	64.88	
		11/30/06	60.82	
		12/29/06	29.31	644.46 #
			Total Tax-Exempt Interest	**644.46**

- See additional details in Tax-Exempt Income from Fidelity Funds section which follows.

PAUL W. HODES PG 28 OF 59

Fidelity INVESTMENTS

2006 Supplemental Information		
Account No.	Taxpayer ID	Page
[redacted]	[redacted]	5 of 8

Customer Service: 646-495-7333

PAUL W HODES
C/O SHAHEEN & GORDON PA
70 FISK RD
CONCORD NH 03301-6211

Detail Information — Tax-Exempt Income from Fidelity Funds

Description / CUSIP	Tax-Exempt Interest	State/Local Tax-Exempt Interest	State/Local Taxable Interest	Specified Private Activity Bond Interest
This information is not reported to the IRS. It is provided for your assistance in tax return preparation. The amount of Specified Private Activity Bond Interest reflected below must be taken into account in computing the alternative minimum tax reported on your Form 1040.				
FIDELITY MUNICIPAL MONEY MARKET / 316114107	644.46	##	##	408.53
Totals	644.46	0.00	0.00	408.53

- Calculate this amount using the enclosed Tax-Exempt Income letter.

Detail Information — Return of Principal

This information is not reported to the IRS. It is provided for your assistance in tax return preparation.

Description	CUSIP	Date	Amount	Total
FINOVA GROUP INC SR SEC NT 7.500%	317928AA7	01/17/06	250.00	
		02/15/06	250.00	
		05/15/06	500.00	
		08/15/06	500.00	
		11/15/06	250.00	1,750.00
		Total Return of Principal		1,750.00

Corrected

2006 Suppl mental Information		
Account No.	Taxpayer ID	Page
[redacted]	[redacted]	6 of 8

Fidelity INVESTMENTS

PAUL W HODES
C/O SHAHEEN & GORDON PA
70 FISK RD
CONCORD NH 03301-6211

Customer Service: 646-495-7333

Detail Information — Short-Term Realized Gain/Loss

Description / CUSIP Date Acquired	Date Sold	Quantity	Proceeds	Cost Basis		Gain/Loss (-)
Cost basis, realized gain and loss, and holding period information reported may not reflect all adjustments necessary for tax reporting purposes. This information is not reported to the IRS. It is provided for your assistance in tax return preparation.						
LONDON STOCK EXCHANGE GROUP PLC LONDON / G5689U103						
08/07/06	06/07/06	0.000	4.04	0.00	f	4.04
				Short-Term Realized Gain		4.04
				Short-Term Realized Loss		0.00
				Short-Term Realized Disallowed Loss		0.00
				Total Short-Term Realized Gain/Loss		**4.04**

f - FIFO (First-in, First-out)

Amortization, accretion, and similar adjustments to cost basis are not provided for certain fixed income securities, such as short-term instruments, Investment Unit Trusts, foreign fixed income securities, or those that are subject to early prepayment of principal (paydowns). Where current year premium or acquisition premium amortization is provided, the prior years' cumulative amortization is reflected in the adjusted cost basis, but we cannot provide a breakdown or the total of such prior amortization amounts.

Corrected

Detail Information — Long-Term Realized Gain/Loss

Description / CUSIP Date Acquired	Date Sold	Quantity	Proceeds	Cost Basis		Gain/Loss (-)
Cost basis, realized gain and loss, and holding period information reported may not reflect all adjustments necessary for tax reporting purposes. This information is not reported to the IRS. It is provided for your assistance in tax return preparation.						
ALLEGHENY ENERGY INC / 017361106						
07/07/04	10/18/06	100.000	4,164.76	1,541.00	f	2,623.76
07/07/04	12/04/06	80.000	3,597.97	1,232.80	f	2,365.17
BERKSHIRE HATHAWAY INC DEL CL B / 084670207						
08/10/01	05/03/06	2.000	5,898.81	4,622.00	f	1,276.81
CACI INTL INC CL A / 127190304						
06/01/04	01/11/06	100.000	5,987.12	3,933.90	f	2,053.22
CANADIAN OIL SANDS TR NEW UNIT ISIN / 13642L100						
11/24/03	10/17/06	100.000	2,664.41	607.96	f	2,056.45
11/24/03	10/17/06	100.000	2,673.29	607.96	f	2,065.33
various	12/18/06	632.000	17,897.51	3,857.41	f	14,040.10
CENTERPOINT ENERGY INC / 15189T107						
04/24/03	10/18/06	1,100.000	16,479.83	9,156.51	f	7,323.32
various	11/29/06	500.000	8,009.33	4,211.80	f	3,797.53
LEVEL 3 COMMUNICATIONS INC 12.875% / 52729NAR1						
06/04/02	05/09/06	6,000.000	6,112.50	1,565.00	f	

Fidelity INVESTMENTS

2006 Supplemental Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	7 of 8

Customer Service: 648-495-7333

PAUL W HODES
C/O SHAHEEN & GORDON PA
70 FISK RD
CONCORD NH 03301-6211

Detail Information — Long-Term Realized Gain/Loss

Corrected

Description / CUSIP Date Acquired	Date Sold	Quantity	Proceeds	Cost Basis	Gain/Loss (-)
Cost basis, realized gain and loss, and holding period information reported may not reflect all adjustments necessary for tax reporting purposes. This information is not reported to the IRS. It is provided for your assistance in tax return preparation.					
LEVEL 3 COMMUNICATIONS INC 12.875% / 52729NAR1					
		Adjusted Cost Basis		4,674.15 f d	1,438.35
		Market Discount Income		1,356.83 r	
09/04/03	05/09/06	4,000.000	7,025.00	2,820.00 f	
		Adjusted Cost Basis		3,769.80 f d	305.20
		Market Discount Income		160.43 r	
02/19/04	05/09/06	5,000.000	5,093.75	4,351.25 f	
		Adjusted Cost Basis		4,968.84 f d	124.91
				Long-Term Realized Gain	39,470.15
				Long-Term Realized Loss	0.00
				Long-Term Realized Disallowed Loss	0.00
				Total Long-Term Realized Gain/Loss	39,470.15

f - FIFO (First-in, First-out)

d - Adjusted cost basis reflects any cumulative original issue discount, premium, or acquisition premium, and it assumes such amounts were amortized by the taxpayer over the life of the security from acquisition date through disposition date. Premium amortization was calculated using the yield-to-maturity method. Acquisition premium was calculated using the ratable accrual method. If applicable, adjusted cost basis reflects market discount accretion which was calculated using the straight-line method and was recognized at disposition date. Gain/loss displayed for this transaction was based on cost basis as adjusted for premium and discount as stated above and does not reflect any losses disallowed because of wash sales (if applicable). The adjusted cost basis may not reflect all adjustments necessary for tax reporting purposes and may also not apply if you are using an alternative amortization calculation method. Refer to IRS Publication 550, *Investment Income and Expenses*, for additional information.

r - Market discount income was calculated using the straight-line method from acquisition date through disposition date. Our calculation assumed the taxpayer elected to defer recognizing the market discount until sale (disposition). Other elections available under tax laws may be more beneficial, depending on your individual tax situation. For Federal tax purposes, market discount income from both taxable and tax-exempt bonds is treated as taxable interest income.

Amortization, accretion, and similar adjustments to cost basis are not provided for certain fixed income securities, such as short-term instruments, Investment Unit Trusts, foreign fixed income securities, or those that are subject to early prepayment of principal (pay downs). Where current year premium or acquisition premium amortization is provided, the prior years' cumulative amortization is reflected in the adjusted cost basis, but we cannot provide a breakdown or the total of such prior amortization amounts.

Fidelity INVESTMENTS

2006 Inv stment Report

January 1, 2006 - December 31, 2006

#BWNFRKS Envelope 121066804

PAUL W HODES
C/O SHAHEEN & GORDON
PO BOX 2703
CONCORD NH 03302-2703

Your Advisor
HORIZON ASSET MGMT., INC.
470 PARK AVENUE SOUTH
4TH FLOOR SOUTH
NEW YORK NY 10016-6819
Phone: (646)495-7333

This Investment Report summarizes activity in your Fidelity accounts for the past year. We hope you find it helpful, however, keep in mind, it is not intended for tax reporting purposes. To assist you with completing your tax returns, we mail a Tax Reporting Statement in late January. The supplemental information section of that Statement contains such items as realized gain/loss information, cost basis information, and tax-exempt income from Fidelity Funds. Your IRA summary statement and certain other tax forms, such as Form 1099-R and Form 5498, are mailed under separate cover.

Brokerage [redacted] PAUL W HODES CUSTODIAN FOR ARIANA HODES - UTMA NY

2006 Account Summary	
Beginning value as of Jan 1	$131,701.92
Withdrawals	-53,450.00
Other Tax Withheld	-48.50
Transaction costs, loads and fees	-649.86
Change in investment value	28,774.14
Ending value as of Dec 31	**$106,327.70**

Income Summary	
Taxable	
Ordinary Dividends	
Dividends	$1,141.10
Interest	558.40
Total	**$1,699.50**

Foreign taxes paid on securities you owned are included in Ordinary Dividends. Detailed reporting and instructions to help you file your federal tax return are found on your Form 1099-DIV.

Your Advisor is an independent organization and is not affiliated with Fidelity Investments. Fidelity does not endorse or recommend any particular investment, trading activity, or agent/Advisor. Brokerage services provided by Fidelity

Brokerage [redacted] PAUL W HODES CUSTODIAN FOR ARIANA HODES - UTMA NY--

Holdings (Symbol) as of 12/31	Income Earned	Quantity	Price per Unit	Total Cost Basis	Total Value
Stocks					
WHITE MOUNTAINS INSURANCE GRE LTD	$80.00	10.000	$579.430	$3,130.00	$5,794.30
SHS ISIN #BMG9618E1075 SEDOL #2339252 (WTM)					
ALLEGHENY ENERGY INC (AYE)	0.00	200.000	45.910	8,038.17	9,182.00
AQUILA INC COM (ILA)	0.00	2,250.000	4.700	5,900.65	10,575.00
BERKSHIRE HATHAWAY INC DEL CL B (BRKB)	0.00	2.000	3,666.000	4,816.00	7,332.00
BLOCK H & R INC (HRB)	56.10	110.000	23.040	2,613.79	2,534.40
CENTERPOINT ENERGY INC (CNP)	495.00	300.000	16.580	2,646.48	4,974.00
DEAN FOODS CO (DF)	0.00	80.000	42.280	2,319.98	3,382.40
EL PASO CORP COM (EP)	120.00	750.000	15.280	4,976.56	11,460.00
KOREA ELECTRIC POWER CORP ADR (KEP)	134.30	225.000	22.710	2,439.50	5,109.75
LABRANCHE & CO (LAB)	0.00	405.000	9.830	2,650.17	3,981.15
LEUCADIA NATL CORP (LUK)	92.50	370.000	28.200	5,811.18	10,434.00
NYSE GROUP INC COM (NYX)	0.00	100.000	97.200	5,054.74	9,720.00
PROGRESSIVE CORP OHIO (PGR)	3.75	120.000	24.220	2,616.47	2,906.40
RELIANT ENERGY INC FORMERLY RELIANT RES INC TO 04/28/2004 (RRI)	0.00	400.000	14.210	8,043.20	5,684.00
SIERRA PACIFIC RESOURCES NEW (SRP)	0.00	425.000	16.830	5,416.85	7,152.75
WASHINGTON POST CO CL B (WPO)	48.80	6.000	745.600	5,483.00	4,473.60

Your Advisor is an independent organization and is not affiliated with Fidelity Investments. Fidelity does not endorse or recommend any particular investment, trading activity, or agent/Advisor. Brokerage services provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC.

Fidelity INVESTMENTS

2006 Investment Report

January 1, 2006 - December 31, 2006

Brokerage [redacted] PAUL W HODES CUSTODIAN FOR ARIANA HODES - UTMA NY

Holdings (Symbol) as of 12/31	Income Earned	Quantity	Price per Unit	Total Cost Basis	Total Value
Core Account					
CASH	415.70	1,631.950	1.000	not applicable	1,631.95
Total Market Value as of December 31, 2006					**$106,327.70**
Total income earned on positions no longer held	1,156.53				
2006 Income Earned	**$ 2,600.68**				

All positions held in cash account unless indicated otherwise.

Transaction Details of Core Account

Core Account *- Cash*

Description	Amount	Balance
Beginning		$1,285.89
Securities bought	-$5,054.74	
Securities sold	57,430.19	
Other additions	33.11	
Other disbursements	-51.51	
Core account income	415.70	
Income	1,591.73	
Other withdrawals	-53,450.00	
Account fees and charges	-568.42	
Ending		$1,631.95

Additional Information About Your Annual Investment Report

A copy of your Annual Investment Report is available to:

HORIZON ASSET MGMT., INC.
470 PARK AVENUE SOUTH
4TH FLOOR SOUTH
NEW YORK NY 10016-8819

HRC PARTNERS
470 PARK AVE SOUTH 4TH FL
NEW YORK NY 10016

FLORENCE HODES
145 CENTRAL PARK W
NEW YORK NY 10023-2004

SHAHEEN & GORDON, P.A.
PAUL W HODES
PO BOX 2703
CONCORD NH 03302-2703

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Fidelity INVESTMENTS

Brokerage Name and Address:
FIDELITY BROKERAGE SERVICES LLC
82 DEVONSHIRE STREET
BOSTON, MA 02109

2006 Tax Reporting Statement

Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	1 of 2

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
200 LIBERTY ST. 5TH FLR
NEW YORK, NY 10281-5500

0031283 02 AB 0.564 **AUTO T7 3 0637 03301-021170
F A 01 2

ARIANA HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Federal ID Number: 04-3523567

Customer Service: 646-495-7333

08004

Form 1099-DIV * — 2006 Dividends and Distributions — OMB NO. 1545-0110 Copy B for Recipient

		Amount
1a	Total Ordinary Dividends	1,141.10
1b	Qualified Dividends	1,046.65
2a	Total Capital Gain Distributions (Includes 2b - 2d)	0.00
2b	Capital Gains that represent Unrecaptured Section 1250 Gain	0.00
2c	Capital Gains that represent Section 1202 Gain	0.00
2d	Capital Gains that represent Collectibles (28%) Gain	0.00
3	Nondividend Distributions	0.00
4	**Federal Income Tax Withheld**	0.00
5	Investment Expenses	0.00
6	Foreign Tax Paid	48.50
7	Foreign Country or U.S. Possession	Various
8	Cash Liquidation Distributions	0.00
9	Non-Cash Liquidation Distributions	0.00

Form 1099-INT * — 2006 Interest Income — OMB NO. 1545-0112 Copy B for Recipient

		Amount
1	Interest Income	658.40
2	Early Withdrawal Penalty	0.00
3	Interest on U.S. Savings Bonds and Treas. Obligations	0.00
4	**Federal Income Tax Withheld**	0.00
5	Investment Expenses	0.00
6	Foreign Tax Paid	0.00
7	Foreign Country or U.S. Possession	
8	Tax-Exempt Interest	0.00

Form 1099-MISC * — 2006 Miscellaneous Income — OMB NO. 1545-0115 Copy B for Recipient

		Amount
2	Royalties	0.00
4	**Federal Income Tax Withheld**	0.00
8	Substitute Payments in Lieu of Dividends or Interest	0.00

Summary of 2006 Proceeds From Broker and Barter Exchange Transactions

	Amount
Gross Proceeds Less Commissions	57,317.59†
Federal Income Tax Withheld	0.00†

†Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement. Report gross proceeds individually for each security on the appropriate IRS tax return. Do not report gross proceeds in aggregate.

Summary of 2006 Original Issue Discount

	Amount
Total Original Issue Discount	327.93‡
Total Original Issue Discount on U.S. Treasury Obligations	0.00‡

‡Original Issue Discount (OID) amounts are reported individually to the IRS. Refer to the Original Issue Discount detail section of this statement.

*This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Please see the enclosed important instructions.

2006 Tax Reporting Statement

Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	2 of 2

Fidelity INVESTMENTS

Brokerage Name and Address:
FIDELITY BROKERAGE SERVICES LLC
82 DEVONSHIRE STREET
BOSTON, MA 02109

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
200 LIBERTY ST. 5TH FLR
NEW YORK, NY 10281-5500

Federal ID Number: 04-3523567

Customer Service: 646-495-7333

ARIANA HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

F rm 1099-B * — 2006 Proceeds from Broker and Barter Exchange Transactions

OMB NO. 1545-0715
Copy B for Recipient

Description (7)	CUSIP (1b)	Quantity	Event	Date of Sale or Exchange (1a)	Stocks, Bonds, etc. (2) §	Federal Income Tax Withheld (4)
GROUPE BRUXELLES LAMBERT GBL ACT ISIN	B4746J115	45.000	SALE	09/18/06	4,615.75	0.00
GROUPE BRUXELLES LAMBERT GBL ISIN	B4746J172	0.000	MERGER	05/25/06	30.10	0.00
BUNGE LIMITED COM ISIN #BMG169621056	G16962105	25.000	SALE	01/30/06	1,442.95	0.00
ALLEGHENY ENERGY INC	017361106	275.000	SALE	01/03/06	8,695.48	0.00
ARCHER DANIELS MIDLAND	039483102	60.000	SALE	01/30/06	1,724.14	0.00
ARCHIPELAGO HLDGS LL C EXCHANGED FOR	G3957A104	98.000	SALE	01/30/06	5,865.93	0.00
CENTERPOINT ENERGY INC	15189T107	700.000	SALE	09/19/06	9,707.70	0.00
FAIRFAX FINL HLDGS LTD SUB VTG	303901102	13.000	SALE	01/30/06	1,855.97	0.00
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	7,000.000	SALE	05/09/06	7,131.25	0.00
SUNCOR ENERGY INC FRMLY SUNCOR INC IS	867229106	200.000	SALE	01/30/06	15,655.53	0.00
TREEHOUSE FOODS INC	89469A104	16.000	SALE	01/03/06	292.79	0.00
			Total - COLUMN 2		57,317.59	
			Total - COLUMN 4			0.00

§ - Gross proceeds less commissions.

Form 1099-OID * — 2006 Original Issue Discount

OMB NO. 1545-0117
Copy B for Recipient

Description (5)	CUSIP	Original Issue Discount for 2006 (1)	Original Issue Discount on U.S. Treasury Obligations (6)
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	327.93	--
	Total	327.93 ‡	

‡ This may not be the correct figure to report on your income tax return. Please see the enclosed instructions.

Refer to the enclosed *Understanding Your 2006 Tax Statement* brochure for more information.

Note - Dividends and other distributions sometimes must be reclassified by the issuer. As a result, we may be required to send you a corrected Tax Reporting Statement that may affect the information you report on your tax return.

*This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Please see the enclosed Important instructions.

Fidelity INVESTMENTS

2006 Supplemental Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	1 of 6

Customer Service: 646-495-7333

ARIANA HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Detail Information — 1099-DIV — Dividends and Distributions

This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.

Description	CUSIP	Date	Amount	Total
Total Ordinary Dividends - LINE 1a (Includes 1b)				
Dividend Distributions				
GROUPE BRUXELLES LAMBERT GBL ACT ISIN	B4746J115	04/26/06	94.45	94.45
		Total Dividend Distributions		**94.45**
Qualified Dividends - LINE 1b				
WHITE MOUNTAINS INSURANCE GRP LTD SHS	G9618E107	03/22/06	20.00	
		06/28/06	20.00	
		09/27/06	20.00	
		12/27/06	20.00	80.00
BLOCK H & R INC	093671105	01/03/06	13.75	
		04/03/06	13.75	
		07/03/06	13.75	
		10/02/06	14.85	56.10
CENTERPOINT ENERGY INC	15189T107	03/10/06	150.00	
		06/09/06	150.00	
		09/08/06	150.00	
		12/08/06	45.00	495.00
EL PASO CORP COM	28336L109	01/03/06	30.00	
		04/03/06	30.00	
		07/03/06	30.00	
		10/02/06	30.00	120.00
FAIRFAX FINL HLDGS LTD SUB VTG	303901102	02/01/06	18.20	18.20
KOREA ELECTRIC POWER CORP ADR	500631106	04/24/06	134.30	134.30
LEUCADIA NATL CORP	527288104	12/29/06	92.50	92.50
PROGRESSIVE CORP OHIO	743315103	12/31/05	0.90	
		03/31/06	0.90	
		06/30/06	0.90	
		09/30/06	1.05	3.75
WASHINGTON POST CO CL B	939640108	02/10/06	11.70	
		05/12/06	11.70	
		08/11/06	11.70	

Fidelity INVESTMENTS

2006 Supplemental Information

Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	2 of 6

ARIANA HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Customer Service: 646-495-7333

Detail Information — 1099-DIV — Dividends and Distributions

Description	CUSIP	Date	Amount	Total
This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.				
Total Ordinary Dividends - LINE 1a (Includes 1b)				
Qualified Dividends - LINE 1b				
WASHINGTON POST CO CL B	939640108	11/10/06	11.70	46.80
		Total Qualified Dividend Distributions		1,048.85
		Total Ordinary Dividends - LINE 1a (Includes 1b)		1,141.10 #

- Short-term capital gain distributions reported on account statements are included in "Total Ordinary Dividends" on Form 1099-DIV. Such gains may also be included in "Qualified Dividends" on Form 1099-DIV if they may be taxed as qualified dividends. As a result, the reporting of short-term capital gain distributions on account statements and on Form 1099-DIV may not match.

Foreign Tax Paid - LINE 6				
GROUPE BRUXELLES LAMBERT GBL ACT ISIN	B4746J115	04/26/06	23.61	23.61
FAIRFAX FINL HLDGS LTD SUB VTG	303901102	02/01/06	2.73	2.73
KOREA ELECTRIC POWER CORP ADR	500631106	04/24/06	22.16	22.16
		Total Foreign Tax Paid - LINE 6		48.50

Detail Information — 1099-INT — Interest

Description	CUSIP	Date	Amount	Total
This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.				
Ordinary Interest - LINE 1				
Interest Payments				
CASH	315994103	01/31/06	4.04	
		02/28/06	67.92	
		03/31/06	84.53	
		04/28/06	54.21	
		05/31/06	43.18	
		06/30/06	35.11	
		07/31/06	23.83	
		08/31/06	20.42	
		09/29/06	17.56	
		10/31/06	45.91	
		11/30/06	24.19	

Fidelity INVESTMENTS

2006 Supplemental Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	3 of 6

Customer Service: 646-495-7333

ARIANA HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Detail Information — 1099-INT — Interest

Description	CUSIP	Date	Amount	Total

This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.

Description	CUSIP	Date	Amount	Total
Ordinary Interest - LINE 1				
Interest Payments				
CASH	315994103	12/29/06	14.80	415.70
			Total Interest Payments	415.70
Accrued Interest on Sale of Bonds				
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	05/12/06	142.70	142.70
			Total Accrued Interest on Sale of Bonds	142.70
			Total Ordinary Interest - LINE 1	558.40

Detail Information — 1099-OID — Original Issue Discount

Description	CUSIP	Begin Date	End Date	Days Held	OID Rate	Face Amount	Amount	Total

This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.

Description	CUSIP	Begin Date	End Date	Days Held	OID Rate	Face Amount	Amount	Total
Original Issue Discount for 2006 - Column 1								
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	01/01	03/15	74	.3576115	7,000.00	185.24	
		03/15	05/10	57	.3576097	7,000.00	142.69	327.93
					Total Original Issue Discount for 2006 - Column 1			327.93

2006 Supplemental Information		
Account No	Taxpayer ID	Page
[redacted]	[redacted]	4 of 6

Fidelity INVESTMENTS

ARIANA HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Customer Service: 646-495-7333

Other Information For Tax Return Preparation

Amount

Except for Tax-Exempt Interest, the information on this and the following pages is not reported to the IRS. It is provided for your assistance in tax return preparation.

Tax-Exempt Interest	0.00
Margin Interest Paid	0.00
Return of Principal	0.00
Accrued Interest Paid on Purchases	0.00
Short-Term Realized Gain/Loss	1,827.56
Long-Term Realized Gain/Loss	22,597.80

Detail Information — Short-Term Realized Gain/Loss

Description / CUSIP Date Acquired	Date Sold	Quantity	Proceeds	Cost Basis		Gain/Loss (-)
ARCHIPELAGO HLDGS LL C EXCHANGED FOR 1 / 03957A104						
07/27/05	01/30/06	98.000	5,865.93	3,873.62	f	1,992.31
FAIRFAX FINL HLDGS LTD SUB VTG / 303901102						
05/27/05	01/30/06	13.000	1,955.97	2,010.11	f	54.14-
TREEHOUSE FOODS INC / 89469A104						
03/18/05	01/03/06	16.000	292.79	403.40	f	110.61-
GROUPE BRUXELLES LAMBERT GBL ISIN / B4746J172						
04/10/06	05/01/06	45.000	0.00	0.00	f	0.00
				Short-Term Realized Gain		1,992.31
				Short-Term Realized Loss		164.75-
				Short-Term Realized Disallowed Loss		0.00
				Total Short-Term Realized Gain/Loss		**1,827.56**

f - FIFO (First-in, First-out)

Amortization, accretion, and similar adjustments to cost basis are not provided for certain fixed income securities, such as short-term instruments, Investment Unit Trusts, foreign fixed income securities, or those that are subject to early prepayment of principal (pay downs). Where current year premium or acquisition premium amortization is provided, the prior years' cumulative amortization is reflected in the adjusted cost basis, but we cannot provide a breakdown or the total of such prior amortization amounts.

Fidelity INVESTMENTS

2006 Supplemental Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	5 of 6

Customer Service: 646-495-7333

ARIANA HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Detail Information — Long-Term Realized Gain/Loss

Cost basis, realized gain and loss, and holding period information reported may not reflect all adjustments necessary for tax reporting purposes. This information is not reported to the IRS. It is provided for your assistance in tax return preparation.

Description / CUSIP Date Acquired	Date Sold	Quantity	Proceeds	Cost Basis		Gain/Loss (-)
GROUPE BRUXELLES LAMBERT GBL ACT ISIN / B4746J115						
10/26/04	09/18/06	45.000	4,615.75	3,350.04	f	1,265.71
GROUPE BRUXELLES LAMBERT GBL ISIN / B4746J172						
unknown	05/25/06	0.000	30.10	unknown		unknown
BUNGE LIMITED COM ISIN #BMG169621056 / G16962105						
01/11/05	01/30/06	25.000	1,442.95	1,413.84	f	29.11
ALLEGHENY ENERGY INC / 017361106						
06/23/04	01/03/06	275.000	8,695.48	4,174.13	f	4,521.35
ARCHER DANIELS MIDLAND / 039483102						
01/11/05	01/30/06	60.000	1,724.14	1,334.93	f	389.21
CENTERPOINT ENERGY INC / 15189T107						
various	09/19/06	700.000	9,707.70	5,558.52	f	4,149.18
LEVEL 3 COMMUNICATIONS INC 12.875% / 52729NAR1						
03/17/04	05/09/06	7,000.000	7,131.25	5,512.50	f	
	Adjusted Cost Basis			6,562.06	f d	569.19
	Market Discount Income				244.02 r	

2006 Supplemental Information		
Account No.	Taxpayer ID	Page
[redacted]	[redacted]	6 of 6

Fidelity INVESTMENTS

ARIANA HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Customer Service: 646-495-7333

Detail Information — Long-Term Realized Gain/Loss

Cost basis, realized gain and loss, and holding period information reported may not reflect all adjustments necessary for tax reporting purposes. This information is not reported to the IRS. It is provided for your assistance in tax return preparation.

Description / CUSIP Date Acquired	Date Sold	Quantity	Proceeds	Cost Basis	Gain/Loss (-)
SUNCOR ENERGY INC FRMLY SUNCOR INC ISIN / 867229106					
10/31/03	01/30/06	200.000	15,855.53	4,181.48 f	11,674.05
				Long-Term Realized Gain	22,597.80
				Long-Term Realized Loss	0.00
				Long-Term Realized Disallowed Loss	0.00
				Total Long-Term Realized Gain/Loss	**22,597.80 ††**

f - FIFO (First-in, First-out)

d - Adjusted cost basis reflects any cumulative original issue discount, premium, or acquisition premium, and it assumes such amounts were amortized by the taxpayer over the life of the security from acquisition date through disposition date. Premium amortization was calculated using the yield-to-maturity method. Acquisition premium was calculated using the ratable accrual method. If applicable, adjusted cost basis reflects market discount accretion which was calculated using the straight-line method and was recognized at disposition date. Gain/loss displayed for this transaction was based on cost basis as adjusted for premium and discount as stated above and does not reflect any losses disallowed because of wash sales (if applicable). The adjusted cost basis may not reflect all adjustments necessary for tax reporting purposes and may also not apply if you are using an alternative amortization calculation method. Refer to IRS Publication 550, *Investment Income and Expenses*, for additional information.

r - Market discount income was calculated using the straight-line method from acquisition date through disposition date. Our calculation assumed the taxpayer elected to defer recognizing the market discount until sale (disposition). Other elections available under tax laws may be more beneficial, depending on your individual tax situation. For Federal tax purposes, market discount income from both taxable and tax-exempt bonds is treated as taxable interest income.

†† - All gain/loss information may not be reflected due to incomplete cost basis information.

Amortization, accretion, and similar adjustments to cost basis are not provided for certain fixed income securities, such as short-term instruments, Investment Unit Trusts, foreign fixed income securities, or those that are subject to early prepayment of principal (pay downs). Where current year premium or acquisition premium amortization is provided, the prior years' cumulative amortization is reflected in the adjusted cost basis, but we cannot provide a breakdown or the total of such prior amortization amounts.

Fidelity INVESTMENTS

2006 Investment R p rt

January 1, 2006 - December 31, 2006

#8WNFRKS Envelope 121066803

PAUL W HODES
C/O SHAHEEN & GORDON
PO BOX 2703
CONCORD NH 03302-2703

Your Advisor
HORIZON ASSET MGMT., INC.
470 PARK AVENUE SOUTH
4TH FLOOR SOUTH
NEW YORK NY 10016-6819
Phone: (646)495-7333

This Investment Report summarizes activity in your Fidelity accounts for the past year. We hope you find it helpful, however, keep in mind, it is not intended for tax reporting purposes. To assist you with completing your tax returns, we mail a Tax Reporting Statement in late January. The supplemental information section of that Statement contains such items as realized gain/loss information, cost basis information, and tax-exempt income from Fidelity Funds. Your IRA summary statement and certain other tax forms, such as Form 1099-R and Form 5498, are mailed under separate cover.

Brokerage [redacted] PAUL W HODES CUSTODIAN FOR MAX HODES - UTMA NY

2006 Account Summary

Beginning value as of Jan 1	$74,580.06
Additions	11,000.00
Withdrawals	-40,200.00
Other Tax Withheld	-30.51
Transaction costs, loads and fees	-384.70
Change in investment value	17,042.78
Ending value as of Dec 31	**$62,107.63**

Income Summary

Taxable	
Ordinary Dividends	
Dividends	$669.01
Interest	416.36
Total	**$1,085.37**

Foreign taxes paid on securities you owned are included in Ordinary Dividends. Detailed reporting and instructions to help you file your federal tax return are found on your Form 1099-DIV.

Your Advisor is an independent organization and is not affiliated with Fidelity Investments. Fidelity does not endorse or recommend any particular investment, trading activity, or agent/Advisor. Brokerage services provided by Fidelity

1855

Fidelity INVESTMENTS

2006 Investment Report

January 1, 2006 - December 31, 2006

Brokerage [redacted] PAUL W HODES CUSTODIAN FOR MAX HODES - UTMA NY

Holdings (Symbol) as of 12/31	Income Earned	Quantity	Price per Unit	Total Cost Basis	Total Value
Stocks					
WHITE MOUNTAINS INSURANCE GRP LTD - SHS ISIN #BMG9618E1075 SEDOL #2339252 (WTM)	$80.00	10.000	$579.430	$3,130.00	$5,794.30
ALLEGHENY ENERGY INC (AYE)	0.00	100.000	45.910	1,513.32	4,591.00
AQUILA INC COM (ILA)	0.00	600.000	4.700	1,573.83	2,820.00
BERKSHIRE HATHAWAY INC DEL CL B (BRKB)	0.00	1.000	3,666.000	2,308.00	3,666.00
CENTERPOINT ENERGY INC (CNP)	300.00	500.000	16.580	4,410.80	8,290.00
EL PASO CORP COM (EP)	80.00	300.000	15.280	1,884.00	4,584.00
KOREA ELECTRIC POWER CORP ADR (KEP)	89.54	150.000	22.710	1,640.25	3,406.50
LEUCADIA NATL CORP (LUK)	37.50	150.000	28.200	1,913.50	4,230.00
NYSE GROUP INC COM (NYX)	0.00	50.000	97.200	2,531.37	4,860.00
RELIANT ENERGY INC FORMERLY RELIANT RES INC TO 04/28/2004 (RRI)	0.00	300.000	14.210	2,264.40	4,263.00
SIERRA PACIFIC RESOURCES NEW (SRP)	0.00	245.000	16.830	3,130.26	4,123.35
WASHINGTON POST CO CL B (WPO)	39.00	5.000	745.600	4,572.50	3,728.00
Core Account					
CASH	314.43	7,751.480	1.000	not applicable	7,751.48
Total Market Value as of December 31, 2006					**$62,107.63**
Total income earned on positions no longer held	808.60				
2006 Income Earned	**$ 1,729.07**				

All positions held in cash account unless indicated otherwise.

Your Advisor is an independent organization and is not affiliated with Fidelity Investments. Fidelity does not endorse or recommend any particular investment, trading activity, or agent/advisor. Brokerage services provided by Fidelity Brokerage Services LLC. Member NYSE, SIPC.

Fidelity INVESTMENTS

2006 Inv stment Report

January 1, 2006 - December 31, 2006

Brokerage [redacted] PAUL W HODES CUSTODIAN FOR MAX HODES - UTMA NY

Transaction Details of Core Account

Core Account - *Cash*

Description	Amount	Balance	Description	Amount	Balance
Beginning		$5,089.98	Income	990.89	
Securities bought	-$2,591.37		Deposits	11,000.00	
Securities sold	33,425.89		Other withdrawals	-40,200.00	
Other additions	22.08		Account fees and charges	-327.90	
Other disbursements	-32.52		Ending		$7,751.48
Core account income	314.43				

Additional Information About Your Annual Investment Report

A copy of your Annual Investment Report is available to:

HORIZON ASSET MGMT., INC.
470 PARK AVENUE SOUTH
4TH FLOOR SOUTH
NEW YORK NY 10016-6819

HRC PARTNERS
470 PARK AVE SOUTH 4TH FL
NEW YORK NY 10016

FLORENCE HODES
145 CENTRAL PARK W
NEW YORK NY 10023-2004

SHAHEEN & GORDON, P.A.
PAUL W HODES
PO BOX 2703
CONCORD NH 03302-2703

Your Advisor is an independent organization and is not affiliated with Fidelity Investments. Fidelity does not endorse or recommend any particular investment, [illegible]

Fidelity INVESTMENTS

Brokerage Name and Address:
FIDELITY BROKERAGE SERVICES LLC
82 DEVONSHIRE STREET
BOSTON, MA 02109

2006 Tax Reporting Statement

Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	1 of 2

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
200 LIBERTY ST. 5TH FLR
NEW YORK, NY 10281-5500

0031282 02 A3 0.654 **AUTO T7 3 0637 03301-621170
F A 01 2

MAX HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Federal ID Number: 04-3523567

Customer Service: 646-495-7333

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Form 1099-DIV *	2006 Dividends and Distributions	OMB NO. 1545-0110 Copy B for Recipient	Amount
1a	Total Ordinary Dividends		869.01
1b	Qualified Dividends		606.04
2a	Total Capital Gain Distributions (Includes 2b - 2d)		0.00
2b	Capital Gains that represent Unrecaptured Section 1250 Gain		0.00
2c	Capital Gains that represent Section 1202 Gain		0.00
2d	Capital Gains that represent Collectibles (28%) Gain		0.00
3	Nondividend Distributions		0.00
4	**Federal Income Tax Withheld**		0.00
5	Investment Expenses		0.00
6	Foreign Tax Paid		30.51
7	Foreign Country or U.S. Possession		Various
8	Cash Liquidation Distributions		0.00
9	Non-Cash Liquidation Distributions		0.00

Form 1099-INT *	2006 Interest Income	OMB NO. 1545-0112 Copy B for Recipient	Amount
1	Interest Income		416.36
2	Early Withdrawal Penalty		0.00
3	Interest on U.S. Savings Bonds and Treas. Obligations		0.00
4	**Federal Income Tax Withheld**		0.00
5	Investment Expenses		0.00
6	Foreign Tax Paid		0.00
7	Foreign Country or U.S. Possession		
8	Tax-Exempt Interest		0.00

Form 1099-MISC *	2006 Miscellaneous Income	OMB NO. 1545-0115 Copy B for Recipient	Amount
2	Royalties		0.00
4	**Federal Income Tax Withheld**		0.00
8	Substitute Payments in Lieu of Dividends or Interest		0.00

Summary of 2006 Proceeds From Broker and Barter Exchange Transactions	Amount
Gross Proceeds Less Commissions	33,344.03†
Federal Income Tax Withheld	0.00†

†Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement. Report gross proceeds individually for each security on the appropriate IRS tax return. Do not report gross proceeds in aggregate.

Summary of 2006 Original Issue Discount	Amount
Total Original Issue Discount	234.24‡
Total Original Issue Discount on U.S. Treasury Obligations	0.00‡

‡Original Issue Discount (OID) amounts are reported individually to the IRS. Refer to the Original Issue Discount detail section of this statement.

*This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Please see the enclosed important instructions.

2006 Tax Reporting Statem nt

Account No.	Taxpayer ID	Page
[redacted]	[redacted]	2 of 2

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
200 LIBERTY ST. 5TH FLR
NEW YORK, NY 10281-5500

Fidelity INVESTMENTS

Brokerage Name and Address:
FIDELITY BROKERAGE SERVICES LLC
82 DEVONSHIRE STREET
BOSTON, MA 02109

Federal ID Number: 04-3523567

Customer Service: 646-495-7333

MAX HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Form 1099-B * — 2006 Proceeds from Broker and Barter Exchange Transactions

OMB NO. 1545-0715
Copy B for Recipient

Description (7)	CUSIP (1b)	Quantity	Event	Date of Sale or Exchange (1a)	Stocks, Bonds, etc. (2) §	Federal Income Tax Withheld (4)
GROUPE BRUXELLES LAMBERT GBL ACT ISIN	B4746J115	30.000	SALE	09/19/06	3,083.50	0.00
GROUPE BRUXELLES LAMBERT GBL ISIN	B4746J172	0.000	MERGER	05/25/06	20.07	0.00
ALLEGHENY ENERGY INC	017361106	200.000	SALE	01/03/06	6,321.80	0.00
AQUILA INC COM	03840P102	1,000.000	SALE	09/19/06	4,551.86	0.00
ARCHER DANIELS MIDLAND	039483102	75.000	SALE	01/31/06	2,279.42	0.00
EL PASO CORP COM	28336L109	300.000	SALE	01/31/06	4,077.87	0.00
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	5,000.000	SALE	05/09/06	5,093.75	0.00
SUNCOR ENERGY INC FRMLY SUNCOR INC IS	867229106	100.000	SALE	01/31/06	7,915.76	0.00
			Total - COLUMN 2		33,344.03	
			Total - COLUMN 4			0.00

§ - Gross proceeds less commissions.

Form 1099-OID * — 2006 Original Issue Discount

OMB NO. 1545-0117
Copy B for Recipient

Description (5)	CUSIP	Original Issue Discount for 2006 (1)	Original Issue Discount on U.S. Treasury Obligations (6)
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	234.24	--
	Total	234.24 ‡	

‡ This may not be the correct figure to report on your income tax return. Please see the enclosed instructions.

Refer to the enclosed *Understanding Your 2006 Tax Statement* brochure for more information.

Note - Dividends and other distributions sometimes must be reclassified by the issuer. As a result, we may be required to send you a corrected Tax Reporting Statement that may affect the information you report on your tax return.

*This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Please see the enclosed important instructions.

Fidelity INVESTMENTS

2006 Supplemental Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	1 of 6

Customer Service: 866-495-7333

MAX HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-5211

Detail Information — 1099-DIV — Dividends and Distributions

This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.

Description	CUSIP	Date	Amount	Total
Total Ordinary Dividends - LINE 1a (Includes 1b)				
Dividend Distributions				
GROUPE BRUXELLES LAMBERT GBL ACT ISIN	B4746J115	04/26/06	62.97	62.97
		Total Dividend Distributions		62.97
Qualified Dividends - LINE 1b				
WHITE MOUNTAINS INSURANCE GRP LTD SHS	G9618E107	03/22/06	20.00	-
		06/28/06	20.00	
		09/27/06	20.00	
		12/27/06	20.00	80.00
CENTERPOINT ENERGY INC	15189T107	03/10/06	75.00	
		06/09/06	75.00	
		09/08/06	75.00	
		12/08/06	75.00	300.00
EL PASO CORP COM	28336L109	01/03/06	24.00	
		04/03/06	12.00	
		07/03/06	12.00	
		10/02/06	12.00	60.00
KOREA ELECTRIC POWER CORP ADR	500631106	04/24/06	89.54	89.54
LEUCADIA NATL CORP	527288104	12/29/06	37.50	37.50
WASHINGTON POST CO CL B	939640108	02/10/06	9.75	
		05/12/06	9.75	
		08/11/06	9.75	
		11/10/06	9.75	39.00
		Total Qualified Dividend Distributions		606.04
		Total Ordinary Dividends - LINE 1a (Includes 1b)		669.01 #

- Short-term capital gain distributions reported on account statements are included in "Total Ordinary Dividends" on Form 1099-DIV. Such gains may also be included in "Qualified Dividends" on Form 1099-DIV if they may be taxed as qualified dividends. As a result, the reporting of short-term capital gain distributions on account statements and on Form 1099-DIV may not match.

Foreign Tax Paid - LINE 8				
GROUPE BRUXELLES LAMBERT GBL ACT ISIN	B4746J115	04/26/06	15.74	15.74

Fidelity INVESTMENTS

2006 Supplemental Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	2 of 6

MAX HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Customer Service: 866-495-7333

Detail Information — 1099-DIV — Dividends and Distributions

Description	CUSIP	Date	Amount	Total
This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.				
Foreign Tax Paid - LINE 6				
KOREA ELECTRIC POWER CORP ADR	500631106	04/24/06	14.77	14.77
		Total Foreign Tax Paid - LINE 6		30.51

Detail Information — 1099-INT — Interest

Description	CUSIP	Date	Amount	Total
This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.				
Ordinary Interest - LINE 1				
Interest Payments				
CASH	315994103	01/31/06	13.72	
		02/28/06	43.34	
		03/31/06	43.60	
		04/28/06	38.32	
		05/31/06	37.63	
		06/30/06	38.10	
		07/31/06	31.94	
		08/31/06	20.33	
		09/29/06	9.21	
		10/31/06	22.98	
		11/30/06	4.86	
		12/29/06	12.40	314.43
		Total Interest Payments		314.43
Accrued Interest on Sale of Bonds				
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	05/12/06	101.93	101.93
		Total Accrued Interest on Sale of Bonds		101.93
		Total Ordinary Interest - LINE 1		416.36

Detail Information — 1099-OID — Original Issue Discount

Description	CUSIP	Begin Date	End Date	Days Held	OID Rate	Face Amount	Amount	Total
This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.								
Original Issue Discount for 2006 - Column 1								
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	01/01	03/15	74	.3578115	5,000.00	132.32	

Fidelity INVESTMENTS

2006 Supplemental Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	3 of 6

Customer Service: 646-495-7333

MAX HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Detail Information — 1099-OID — Original Issue Discount

Description	CUSIP	Begin Date	End Date	Days Held	OID Rate	Face Amount	Amount	Total
This detail information is not reported to the IRS. It is provided for your assistance in tax return preparation.								
Original Issue Discount for 2006 - Column 1								
LEVEL 3 COMMUNICATIONS INC 12.875%	52729NAR1	03/15	05/10	57	.3576097	5,000.00	101.92	234.24
Total Original Issue Discount for 2006 - Column 1								234.24

2006 Supplemental Information		
Account No.	Taxpayer ID	Page
[redacted]	[redacted]	4 of 6

Fidelity INVESTMENTS

MAX HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Customer Service: 646-495-7333

Other Information For Tax Return Preparation

Amount

Except for Tax-Exempt Interest, the information on this and the following pages is not reported to the IRS. It is provided for your assistance in tax return preparation.

Tax-Exempt Interest	0.00
Margin Interest Paid	0.00
Return of Principal	0.00
Accrued Interest Paid on Purchases	0.00
Short-Term Realized Gain/Loss	0.00
Long-Term Realized Gain/Loss	14,973.26

Detail Information — Short-Term Realized Gain/Loss

Cost basis, realized gain and loss, and holding period information reported may not reflect all adjustments necessary for tax reporting purposes. This information is not reported to the IRS. It is provided for your assistance in tax return preparation.

Description / CUSIP Date Acquired	Date Sold	Quantity	Proceeds	Cost Basis	Gain/Loss (-)
GROUPE BRUXELLES LAMBERT GBL ISIN / B4746J172					
04/10/06	05/01/06	30.000	0.00	0.00 f	0.00
				Short-Term Realized Gain	0.00
				Short-Term Realized Loss	0.00
				Short-Term Realized Disallowed Loss	0.00
				Total Short-Term Realized Gain/Loss	**0.00**

f - FIFO (First-in, First-out)

Amortization, accretion, and similar adjustments to cost basis are not provided for certain fixed income securities, such as short-term instruments, Investment Unit Trusts, foreign fixed income securities, or those that are subject to early prepayment of principal (pay downs). Where current year premium or acquisition premium amortization is provided, the prior years' cumulative amortization is reflected in the adjusted cost basis, but we cannot provide a breakdown or the total of such prior amortization amounts.

Detail Information — Long-Term Realized Gain/Loss

Cost basis, realized gain and loss, and holding period information reported may not reflect all adjustments necessary for tax reporting purposes. This information is not reported to the IRS. It is provided for your assistance in tax return preparation.

Description / CUSIP Date Acquired	Date Sold	Quantity	Proceeds	Cost Basis	Gain/Loss (-)
GROUPE BRUXELLES LAMBERT GBL ACT ISIN / B4746J115					
10/26/04	09/19/06	30.000	3,083.50	2,239.34 f	844.16

Fidelity INVESTMENTS

2008 Supplemental Information		
Account No.	Taxpayer ID.	Page
[redacted]	[redacted]	5 of 6

Customer Service: 646-495-7333

MAX HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Detail Information — Long-Term Realized Gain/Loss

Description / CUSIP Date Acquired	Date Sold	Quantity	Proceeds	Cost Basis		Gain/Loss (-)
Cost basis, realized gain and loss, and holding period information reported may not reflect all adjustments necessary for tax reporting purposes. This information is not reported to the IRS. It is provided for your assistance in tax return preparation.						
GROUPE BRUXELLES LAMBERT GBL ISIN / B4746J172						
unknown	05/25/06	0.000	20.07	unknown		unknown
ALLEGHENY ENERGY INC / 017361106						
07/20/04	01/03/06	200.000	6,321.80	3,026.63	f	3,295.17
AQUILA INC COM / 03840P102						
08/20/04	09/19/06	1,000.000	4,551.86	2,623.04	f	1,928.82
ARCHER DANIELS MIDLAND / 039483102						
01/11/05	01/31/06	75.000	2,279.42	1,664.18	f	615.24
EL PASO CORP COM / 28336L109						
04/09/03	01/31/06	300.000	4,077.87	1,884.00	f	2,193.87
LEVEL 3 COMMUNICATIONS INC 12.875% / 52729NAR1						
03/17/04	05/09/06	5,000.000	5,093.75	3,937.50	f	
		Adjusted Cost Basis		4,687.18	f d	406.57
		Market Discount Income			174.30 r	

2006 Supplemental Information		
Account No.	Taxpayer ID	Page
[redacted]	[redacted]	6 of 6

Fidelity INVESTMENTS

Customer Service: 646-495-7333

MAX HODES
PAUL W HODES
70 FISK RD
CONCORD NH 03301-6211

Detail Information — Long-Term Realized Gain/Loss

Cost basis, realized gain and loss, and holding period information reported may not reflect all adjustments necessary for tax reporting purposes. This information is not reported to the IRS. It is provided for your assistance in tax return preparation.

Description / CUSIP Date Acquired	Date Sold	Quantity	Proceeds	Cost Basis	Gain/Loss (-)
SUNCOR ENERGY INC FRMLY SUNCOR INC ISIN / 867229106					
11/14/03	01/31/06	100.000	7,915.76	2,226.33 f	5,689.43
				Long-Term Realized Gain	14,973.26
				Long-Term Realized Loss	0.00
				Long-Term Realized Disallowed Loss	0.00
				Total Long-Term Realized Gain/Loss	14,973.26 ††

f - FIFO (First-in, First-out)

d - Adjusted cost basis reflects any cumulative original issue discount, premium, or acquisition premium, and it assumes such amounts were amortized by the taxpayer over the life of the security from acquisition date through disposition date. Premium amortization was calculated using the yield-to-maturity method. Acquisition premium was calculated using the ratable accrual method. If applicable, adjusted cost basis reflects market discount accretion which was calculated using the straight-line method and was recognized at disposition date. Gain/loss displayed for this transaction was based on cost basis as adjusted for premium and discount as stated above and does not reflect any losses disallowed because of wash sales (if applicable). The adjusted cost basis may not reflect all adjustments necessary for tax reporting purposes and may also not apply if you are using an alternative amortization calculation method. Refer to IRS Publication 550, *Investment Income and Expenses*, for additional information.

r - Market discount income was calculated using the straight-line method from acquisition date through disposition date. Our calculation assumed the taxpayer elected to defer recognizing the market discount until sale (disposition). Other elections available under tax laws may be more beneficial, depending on your individual tax situation. For Federal tax purposes, market discount income from both taxable and tax-exempt bonds is treated as taxable interest income.

†† - All gain/loss information may not be reflected due to incomplete cost basis information.

Amortization, accretion, and similar adjustments to cost basis are not provided for certain fixed income securities, such as short-term instruments, Investment Unit Trusts, foreign fixed income securities, or those that are subject to early prepayment of principal (pay downs). Where current year premium or acquisition premium amortization is provided, the prior years' cumulative amortization is reflected in the adjusted cost basis, but we cannot provide a breakdown or the total of such prior amortization amounts.

Your Retirement

A statement of your account for the period January 1, 2007 to March 31, 2007

SHAHEEN & GORDON P.A. 401(K) PS PLAN

Citizens Bank

SHAHEEN & GORDON, P.A
SHAHEEN & GORDON P.A. 401(K) PS PLA
D. MICHAEL NOONAN
140 WASHINGTON STREET
2ND FLOOR, P.O.BOX 977
DOVER NH 03820

Division: 0001 0001
0020363 NM -01-1549-01-155000-USB1-BL-P-ENV2-0002
PAUL HODES
70 FISK ROAD
CONCORD NH 03301

[redacted]

Your Account in Review

1/1/07 Balance	$243,636.83		
Activity This Period		Contributions By Source This Period	
Contributions/Other Credits	$4,160.00	EMPLOYEE 401(K)	$3,120.00
Investment Gains/(Losses)	$4,374.82	EMPLOYER MATCH	$1,040.00
Net Change	$8,534.82	Total	$4,160.00
3/31/07 Balance	$252,171.65		

Your Vesting to Review

Source	3/31/07 Balance	Vested Percent	3/31/07 Vested Balance
EMPLOYEE 401(K)	$102,217.91	100%	$102,217.91
EMPLOYER PROFIT SHARING	$116,827.27	100%	$116,827.27
EMPLOYER MATCH	$33,029.59	100%	$33,029.59
EMPLOYEE ROLLOVER	$96.88	100%	$96.88
Total	$252,171.65		$252,171.65

[illegible]

Retirement Plan Information Line

Call us at 1-877-874-4833 for automated phone services 24 hours a day, 7 days a week. Participant Service Representatives are available between the hours of 8:00 AM and 8:00 PM ET during business days.

Retirement Center

Visit us at http://www.citizensbank.com for interactive retirement planning tools.

Your Asset Location

Your Current Allocations:

Capital Preservation	0%
Income	0%
Growth & Income	59%
Growth	21%
Other	0%
International	20%
Value	0%
Small Cap Equity	0%
Mid Cap Equity	0%
Bond Fund	0%

Your Future Allocations:

Capital Preservation	0%
Income	0%
Growth & Income	35%
Growth	45%
Other	0%
International	20%
Value	0%
Small Cap Equity	0%
Mid Cap Equity	0%
Bond Fund	0%

Your Current Allocation:*
Your Current Allocation chart reflects how your account balance is invested in the asset categories available in your plan.

*Holdings of less than 1% are not reflected in the chart.

Your Future Allocation:*
Your Future Allocation chart reflects how your future contributions will be allocated among the asset categories available in your plan.

Your Account Activity

Asset Class / Fund Name (Future Allocation %)	1/1/07 Balance	Contributions/ Other Credits	Gains/ (Losses)	3/31/07 Balance	Closing Unit/ Share Price	Number of Units/Shares
Growth & Income						
American Funds Income Fnd of Amer R3 (20)	78,028.99	832.00	1,609.79	80,468.78	20.58	3,913.8610
American Funds Wash Mutual Invsr R3 (15)	86,766.91	624.00	580.54	87,971.55	34.85	1,960.4030
Growth						
American Funds Fundamental Invest R3 (15)	2,041.22	624.00	65.83	2,731.05	40.79	66.9540
American Funds Growth Fnd of Amer R3 (15)	47,136.16	624.00	619.31	48,379.47	32.87	1,471.8480
American Funds SMALLCAP World Fnd R3 (15)	2,104.81	624.00	154.57	2,883.38	40.74	70.7750
International						
American Funds Europacific Growth R3 (20)	47,540.74	832.00	1,264.98	49,737.42	47.20	1,053.7590
Total	243,638.53	4,160.00	4,374.02	252,171.66		

Your Investment Performance Summary

Your Personal Rate of Return for the period 1/1/07 through 3/31/07 is 1.8%.

Total Returns are for the Period Ending 3/31/07.

Asset Class / Fund Name	Inception Date	Current Quarter %	Year to Date %	1 Year %	3 Years %	5 Years %	10 Years or Life of Fund
Capital Preservation							
American Funds Cash Mgmt Trust R3	06/02	1.06	1.06	4.26	2.52	1.63	2.89
Income							
American Funds US Govt Securities R3	06/02	1.32	1.32	5.15	2.22	3.73	5.00
Growth & Income							
American Funds Amer Balanced Fund R3	06/02	0.63	0.63	9.14	6.90	8.88	9.10
✓ American Funds Income Fnd of Amer R3	06/02	2.12	2.12	16.58	11.63	10.28	9.89
✓ American Funds Wash Mutual Invstr R3	06/02	0.83	0.83	13.66	9.69	8.57	9.21
Growth							
✓ American Funds Fundamental Invest R3	06/02	2.39	2.39	13.38	14.72	10.15	10.70
✓ American Funds Growth Fnd of Amer R3	05/02	1.30	1.30	7.44	11.27	8.22	12.63
✓ American Funds SMALLCAP World Fnd R3	06/02	5.63	5.63	15.43	18.00	14.89	10.18
Dreyfus Premier Alpha Growth	05/04	(0.09)	(0.09)	(1.86)	- -	- -	11.52
Federated Kauffmann Fund A	04/01	3.71	3.71	8.37	12.68	11.72	11.36
Other							
Oppenheimer International Diversified A	N/A	3.86	3.86	19.24	- -	- -	23.78
International							
✓ American Funds Europacific Growth R3	05/02	2.83	2.83	16.20	18.99	15.07	10.85
Oppenheimer International Bond Fund A	06/95	2.64	2.64	8.83	8.20	14.67	9.08
Value							
Oppenheimer Value Fund A	09/85	4.35	4.35	17.22	13.16	10.82	8.26
Small Cap Equity							
Dreyfus Small Cap Stock Index Fund	06/97	3.09	3.09	4.94	13.48	11.27	10.57
Oppenheimer Small- & Mid- Cap Value Fd A	01/89	6.36	6.36	17.38	19.03	16.48	13.01
Mid Cap Equity							
Fidelity Advisor Leveraged Comp Stock T	12/00	6.81	6.81	13.49	19.22	28.13	22.86
Bond Fund							
American Funds Cap Wld Bond R3	07/02	1.69	1.69	8.86	4.73	10.04	5.95

✓= Funds in which you have a balance

Disclaimer

Your Personal Rate of Return is an estimated rate of return for your account for the period shown. This is only an approximation of the actual return. Personal Rate of Return is influenced by the timing of your contributions, withdrawals, investment changes, and fees. As a result your Personal Rate of Return may differ from the investment Performance provided on this statement, reflected on the internet, or heard on the IVR. Your Personal Rate of Return is calculated as follows: Your Investment Gains/(Losses) divided by [50% x (Beginning Account Balance + Ending Account Balance - Investment Gains/(Losses).)]

Share classes established less than 10 years ago will reflect the since inception (Life) performance.

Performance results shows for funds for the period prior to the share class inception date noted reflect the performance of the oldest share class of the Fund. Because operating expenses attributable to the different share classes vary, the actual performance shown for the periods prior to the share class inception date may have been lower. Investment return and principal value will fluctuate, and shares, when redeemed, may be worth more or less than the original cost. Fund performance results reflect any applicable expenses subsidies and waivers, without which the results would have been less favorable. Subsidies and waivers may be rescinded at any time. See the prospectus and financial statement for details. All results are historical and assume the reinvestment all dividends and capital gains. Market volatility can significantly effect short-term performance, and more recent returns may differ from those shown.

The performance data contained herein represents past performance, which does not guarantee future results. Investment return and principal value will fluctuate so that shares, when redeemed, may be worth more or less than their original cost. Current performance may be higher or lower than the performance data quoted. All total returns assume the reinvestment of all dividends and capital gains at net asset value when paid and do not reflect the deduction of any sale charge, as thes charges are not applicable to eligible retirement plans. Had the sales charge been deducted, results would have been lower than shown. Please note that there are other charges and expenses that apply to the investment options, such as management fees, which are reflected in their net investment return. For certain investment options, the returns reflect subsidies and waivers, without which the results would have been lower than noted. These subsidies and waivers may not continue in effect. Please consult the prospectus for more information.

CITIZENS BANK 030
1 CITIZENS DRIVE
RIVERSIDE, RI 02915-3000

12/29/06
PAYERS EIN # 02-0314539
1-800-948-7200

THIS IS THE STATEMENT OF CONDITION OF YOUR INDIVIDUAL RETIREMENT PLAN
0-052-44-6721 FOR THIS YEAR. IRA

PAUL HODES
70 FISK RD
CONCORD NH 03301

PARTICIPANTS ID #
052-44-6721

STATEMENT OF CONDITION 2006	
----- TYPE ------	-----AMOUNT
BEGINNING BALANCE	0.00
- (DISTRIBUTIONS)	
PREMATURE NO EXC	79,000.00
+ (CONTRIBUTIONS)	
ROLLOVER	105,005.16
+EARNINGS FOR YEAR	544.78
=ENDING BALANCE	26,549.94
+EARNED INT NOT PD	0.00
FAIR MARKET VALUE	26,549.94
FAIR MARKET VALUE*	26,549.94

*THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE
TAX YEAR 2006
LISTED BELOW ARE THE INDIVIDUAL ACCOUNTS THAT ARE INCLUDED IN YOUR RETIREMENT PLAN TOTALS ABOVE.

ACCOUNT NUMBER	TERM/INCR	TYPE	RATE	MATURITY	BALANCE
3369-670661		SAV	1.00		26,549.94

Citizens Bank

SCHEDULE IV — TRANSACTIONS

Name PAUL W. HODES

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–06		X								
	903 CENTRAL AVE. ASSOCIATES, LLC 1/8 INTEREST		X		12-31-06	X									
	FIDELITY	X	X		VARIOUS - SEE ATTACHMENT	SEE ATTACHMENT PGS 18 - 30									
DC	FIDELITY	X	X		VARIOUS - SEE ATTACHMENT	SEE ATTACHMENT PGS 31 - 41									
DC	FIDELITY	X	X		VARIOUS - SEE ATTACHMENT	SEE ATTACHMENT PGS 42 - 52									
	UBS	X	X		VARIOUS - SEE ATTACHMENT	SEE ATTACHMENT PGS 5 - 17									

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SEE	ATTACHMENT

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
NONE	SHAHEEN & GORDON, P.A. / PAUL W. HODES	INFORMAL UNDERSTANDING TO COOPERATE IN ROLLOVER OF FORMER EMPLOYER 401K PLAN BALANCE

Use additional sheets if more space is required.

PAUL W. HODES
SCHEDULE VIII - POSITIONS

POSITION	NAME OF ORGANIZATION	
TRUSTEE	CAPITOL CENTER FOR THE ARTS	
COUNSILOR	NH STATE COUNCIL ON THE ARTS	
MEMBER	BIG ROUND MUSIC LLC	
PRESIDENT	BIG ROUND RECORDS, INC. (INACTIVE CORP)	
ADVISORY BOARD	GRANITE STATE OPERA	
MEMBER	ATLAS TITLE, LLC	*****
MEMBER	107 STORRS STREET, LLC	*****
MEMBER	903 CENTRAL AVE. ASSOCIATES, LLC	*****
OFFICER/DIRECTOR	SHAHEEN & GORDON P.A.	*****

***** POSITION NOT HELD ANY LONGER AS OF 12/31/06

HAND DELIVERED

...ATIVE RESOURCE CENTER

2007 JUN -5 PM 5:15 (9)

MC ...E OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
Office of Legislative Resource Center

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Peter Hoekstra
(Full Name)

1454 Cimarron Drive Holland, MI 49423
(Mailing Address)

616-335-2343
Daytime Telephone:

Filer Status	☑ Member of the U.S. *House of Representatives* State: MI District: 02	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone wh fil s more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or *more from any source* in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (*worth more than $305* from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of *filing in the* current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriat schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding *"Qualified Blind Trusts"* approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or *liabilities of a spouse or dependent* child because they meet all three tests for exemption?	Yes ☐ N ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Peter Hoekstra	06-05-07

1873

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter Hoekstra

BLOCK A **Ass t and/or Incom S urce** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self *directed IRA (i.e., one where you have the power to select the specific* investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Typ of Incom** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: *Partnership Income* or Farm Income)	BLOCK D **Am unt of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Macatawa Bank (personal acct)	$1,001 - $15,000	INTEREST	$201 - $1,000	
Fed. Credit Union (personal Acct)	$1,001 - $15,000	INTEREST	$201 - $1,000	
Herman Miller Stock	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
Gentex	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
APA	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
CMS	$1 - $1,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter Hoekstra

	Clarion	$1 - $1,000	None	NONE	
	Franklin Utilities	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Washington Mutual	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Growth Fund America	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	New Economy Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Capital World Growth	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	ADC Telecom	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	RBB - Sen Banc	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Ivanhoe Energy	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Pacific Ethanol	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Compass Diversified	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Powershares Exc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Urstadt Biddle	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Franklin Templeton	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter Hoekstra

McKenzie Bay	$1,001 - $15,000	CAPITAL GAINS	$1,001 - $2,500	

SCHEDULE IV - TRANSACTIONS

Name Peter Hoekstra

Report any purchase, sale r xchange by you, your spous , or dep ndent child during the reporting year of any real prop rty, stocks, bonds, commoditi s futur s, r other s curiti s wh n the amount of the transaction or s ri s of transacti ns exceeded $1,000. Includ transacti ns that resulted in a loss. Do not report a transaction betw n you, your sp use, or your dependent child, or the purchase r sale of your personal residence, uni ss it is rented out. Provide a bri f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Compass Diversified	P	5-11-06	$15,001 - $50,000
	Pacific Ethanol	P	4-17-06	$15,001 - $50,000
	Powershare Exc.	P	4-17-06	$1,001 - $15,000
JT	Flextronics	P	4-19-06	$1,001 - $15,000
JT	Flextronics	S	7-10-06	$1,001 - $15,000
JT	Interoil Corp.	P	4-17-06	$1,001 - $15,000
JT	Interoil Corp.	S	11-13-06	$1,001 - $15,000
JT	Herman Miller	Other	12-28-06	$1,001 - $15,000
JT	Siebel	S	2-7-06	$1,001 - $15,000
	Call PFQ	P	5-17-06	$1,001 - $15,000
	Call PFQ	S	6-01-06	$1,001 - $15,000
	Microsoft	S	5-9-06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name P ter Hoekstra

Report any purchas , sal or exchange by you, your spous , r dependent child during the rep rting year f any real pr perty, stocks, bonds, ommodities futures, r other securities when th amount f the transaction or s ri s f transacti ns exceeded $1,000. Include transactions that result d in a loss. Do not report a transaction betw n you, your spous , or your dependent child, or the purchase or sale f your pers nal residence, unless it is rent d ut. Pr vide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	New Economy Fund	S	6-1-06	$1,001 - $15,000
	Regions Financial Corporation	S	3-27-06	$1,001 - $15,000
	SW Airlines	S	3-27-06	$15,001 - $50,000
	Urstadt Biddle	S	3-27-06	$1,001 - $15,000
	Gentex	S	1-06-06	$1,001 - $15,000
	Gentex	S	6-25-06	$1,001 - $15,000
	Call PFQ	P	5-17-06	$1,001 - $15,000
	Call PFQ	P	4-17-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Peter Hoekstra

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or depend nt child. Mark the highest am unt ow d during th year. Exclude: Any mortgage n your personal residence (unless all or part f it is rent d ut); loans s cur d by aut mobiles, househ id furnitur , or applianc s; and liabilities wed to a spouse, or th child, parent, or sibling of you or your spouse. R port "rev lving charg account " (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Macatawa Bank	Equity Line of Credit	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Peter Hoekstra

Id ntify th s urc and list travel itinerary, dates, and nature f expenses pr vided for travel and travel-related expenses totaling more than $305 r ceived by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member acc mpanied the trav ler at the sp ns r's expense, and the amount f time, if any, that was not at th sponsor' xpens . Disclosure is required regardl ss of wh ther the xpense w re r imbursed r paid directly by the sponsor. Exclud : Travel-r lated xpenses provided by f deral, state, and local g vernments, or by a foreign governm nt required to be s parately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Milliken University	April 11-12	Holland, MI-Pontiac, IL-Holland, MI	N	Y	N	0
ABC News	January 21-22	Holland, MI-Washington, DC-Holland, MI	Y	Y	N	0

SCHEDULE VIII - POSITIONS

Name Peter Hoekstra

Report all positions, compensated r uncompensated, held during the current cal ndar year as an officer, director, trustee of an rganizati n, partner, propriet r, repres ntative, mploye , or consultant of any corporation, firm, partnership, or any business nterprise, any nonprofit organization, any lab r organization, or any educational or other institution other than the United States. Exclud : P siti ns h ld in any religi us, s cial, fraternal, or political ntities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Compass Academy
Board Member	Holland Christian Schools Foundation

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED

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2007 MAY 15 PM 4:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Tim Holden
(Full Name)

31 Pearl Street St Clair, PA 17970
(Mailing Address)

(202)225-5546
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: PA District: 17 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone wh files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriat schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be r viewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifi s, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and b lief.	Tim Holden	5/15/07

1882

SCHEDULE I - EARNED INCOME

Name Tim Holden

List the source, type, and amount of earned income from any source (other than the filer's current empl yment by the U.S. Governm nt) totaling $200 or more during the preceding calendar y ar. For a spouse, li t the source and am unt of any honoraria; list only th sourc for other spouse earned income exceeding $1,000.

Source	Type	Amount
County of Schuylkill	Spouse salary	$42,939.93

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Tim Holden

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	Schuylkill Federal Employees Credit Union, 724 Market Street, Pottsville, PA 17901	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	M &T Bank, One South Centre, Pottsville, PA 17901	$15,001 - $50,000	INTEREST	$1 - $200	
JT	Van Guard Energy Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Lucent Technologies	$1 - $1,000	/None	NONE	
	Sovereign Bankcorp, Inc.	None	DIVIDENDS	$1 - $200	S
	Pimco Commodity Real Return Strategy FD CL C (SmithBarney Citigroup)	None	DIVIDENDS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Tim Holden

JT	Windsor II Stocks	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	PA Tax Free Fund, Insured Long Term Bond	$15,001 - $50,000	Other: (Tax free income)	$201 - $1,000	
JT	VMMR Prime Money Market Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
SP	Schuylkill County Employees Retirement System	$50,001 - $100,000	NA	NONE	
	CitiBank Deposit Program	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Agere Systems	$1 - $1,000	None	NONE	
	Vanguard Small-Cap Vipers	$1,001 - $15,000	/DIVIDENDS	$1 - $200	
	Vanguard Energy Vipers	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Vanguard Intl Equity Index FD Vanguard Emerging Mkts Vipers	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Van Guard High Yield Corporate Fund	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
	Vanguard Industries ETF	$1 - $1,000	DIVIDENDS	$1 - $200	P
	WisdomTree DIEFA High Yield	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE IV - TRANSACTIONS

Name Tim Holden

Report any purchase, sale or exchange by you, your spouse, or depend nt child during th reporting year of any real property, stocks, bonds, commodities futures, or other securities when th amount of the transaction or s ries of transactions exceeded $1,000. Includ transactions that resulted in a loss. Do not report a transaction betw en you, your spouse, or your dependent child, r the purchase or sale of your personal residenc , unl s it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Vanguard Energy Fund	P	07-17-2006	$1,001 - $15,000
	Vanguard Prime Money Market Fund	P	01-18-2-2006	$1,001 - $15,000
	Pimco Commodity Real Return	S	09-26-2006	$1,001 - $15,000
	Sovereign Bank Corp	S	11-30-2006	$1,001 - $15,000
	Vanguard Industries ETF	P	12-07-2006	$1,001 - $15,000
	WisdoemTree DIEFA High Yield	P	12-26-06	$1,001 - $15,000

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 14 PM 5:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

(9)

MC

Rush D Holt
(Full Name)

PO Box 782 Pennington NJ 08534
(Mailing Address)

Daytime Telephone: 609-737-2343

Filer Status	☐ Member of the U.S. House of Representatives	State: District:	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who fil s more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	N ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rush Holt	May 14, 2007

Name	Page
Rush Holt	2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	University Medical Center at Princeton	Spouse Salary	NA

For payments t charity in lieu of honoraria, use Schedule II.

1888

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
XYZ Magazine	Article	Aug. 13, 2006	$500
NA			

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Nam Rush Holt

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Incom

For retir ment plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B												Block C								Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCERPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Moga Corp. Stock					X								X										X									P
	Simon & Schuster			Indefinite																Royalties									X				
	1st Bank of Paducah, KY accounts						X									X										X							
JT	Wachovia Bank Accts				X																		X										
JT	Bank America Accts			X																		X											
JT	Congl Credit Union			X																	X												
JT	Citizens Bank Acct.			X																		X											
JT	Rental House (Pennington)						X																			X							
	Rental Cabins (Ausable Pks, NY)							X																X									

For additional assets and unearned income, use n xt page.

1890

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rusl Holt

SP. DC. JT	BLOCK A Asset and/or Incom Source	BLOCK B Year-End Value of Ass t												BLOCK C Type f Income						BLOCK D Am unt of Inc me											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Vanguard Retirement Fnd						X								X			X			X											
	TIAA/CREF							X							X			X			X											
	Froelich Land Trust						X									X								X								
	Federal Retirement Fnd						X								X			X			X											
Sp	Fidelity IRA				X										X			X			X											
Sp	Fidelity 403(b)						X								X			X			X											
Sp	Prudential 403(b)				X										X			X			X											
Sp	TIAA/CREF								X						X			X			X											
Sp	Farm Share (Amity OR)						X													Farm inc.						X						

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SCHEDULE IV — TRANSACTIONS

Name Rush Holt | Pag 6.19

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount f Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–06		X								
	NA														

This page may be c pied if m r space is required.

Name Rusl Holt | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Wells Fargo	Mortgage (94 Old Hawkeye Rd. Amsbie Fl, NY)				X						
JT	Wells Fargo	Mortgage (Pennington, NJ)					X					
JT	Wachovia Bank	Home Equity Loan (Pennington NJ)					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
NA		

Us additi nal sheets if more space is required.

Name Rush Holt | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Aspen Institute	Feb 21-25	Newark - Montego Bay - Newark	Y	Y	Y	None
	Aspen Institute	May 24 - June 6	DC - Istanbul - DC (with intermediate stop for Trade Commission)	Y	Y	Y	Personal : 3 Intl. Committee : 3
	National Workforce Association	Dec 3-4	Newark - St. Petersburg, FL - DC	N	N	N	½

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees	McCarter Theater
" "	Family and Childrens Services of Central NJ
" "	Population Resource Countil
" "	Planned Parenthood of Mercer Area

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NA	

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
EXECUTIVE RESOURCE CENTER
2007 MAY 14 AM 11:11
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

Michael M. HONDA
(Full Name)

6154 Valley Glen Drive San Jose, CA 95123
(Mailing Address)

Daytime Telephone: 202-225-7631

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 15	[ ] Officer or Employee	Employing Office: MIKE HONDA
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	N [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael M. Honda	5/10/07

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael M Honda | Page 2 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Incom

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock						X							X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	San Bernardino Land Parcel #0402711 30000			X																	X											
	Keystone Evergreen Small Co. Growth			X											X							X										
	Fidelity Funds				X										X							X										
	Fidelity Funds			X											X							X										
	Sun Life Canada				X										X								X									
	Sun Life Canada			X											X							X										

For additional assets and unearned income, use next page.

1897

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael M HONDA

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Provident Credit Union				X												X						X									
	Golden Credit Union			X													X					X										
	Union Bank			X													X						X									
	CA State Teachers Retirement System					X														retirement	X											
	CA State Teachers Retirement System						X													retirement						X						
	CA Public Employees Retirement System				X															retirement	X											
	American Financial Life & Annuity Ins. Co.					X														retirement				X								
	Int'l County/City Managers Assoc.					X														deferred income	X											

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	National Association for Bilingual Education	Jan 20–22nd	DC-Phoenix, AZ-San JOSE, CA	Y	Y	N	NONE
	Congressional Black Caucus Foundation (CBCF)	Feb 11–13th	DC-Houston, TX-DC	Y	Y	N	NONE
	New York Univ. Asian Pacific American Law Students Assoc	April 9–11th	DC-New York, NY-SF, CA	Y	Y	N	NONE
	Oklahoma Dem. Party	Jun 9–12th	DC-Oklahoma City-DC	N	N	N	NONE
	Asian Real Estate Assoc. of America	Oct. 10–13th	San JOSE, CA-Los Angeles-San JOSE, CA	Y	Y	N	1 day
	Japan U.S. Friendship Commission	Nov. 27th-Dec. 2nd	San JOSE, CA-South Korea-San JOSE, CA	Y	Y	N	NONE

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

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Darlen Hooley
(Full Name)

PO Box 565 West Linn, OR 97068
(Mailing Address)

202-225-5711
Daytime Telephone:

Filer Status ☑ Member of the U S House of Representatives — State: OR District: 5 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ N ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☐ N ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ N ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ N ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subj ct to civil penalties and criminal sanctions (Se 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Dat (Month, Day, Y ar)
I CERTIFY that the statem nts I have made on this form and all attached schedul are true, complete and correct to the best of my knowledge and belief	Darlene Hooley	5/15/07

1900

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Darlene Hooley

BLOCK A **Asset and/or Incom Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Inc me** Ch ck all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Am unt of Income** For retirem nt plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), r exchanges (E) exceeding $1,000 in reporting year.
Ameriprise Financial IRA	$100,001 - $250,000	Other: Retirement	N/A	
Fidelity Investment	$1,001 - $15,000	Divdends/Interest/ N	$1 - $200	
Kerr McGee Oil and Gas Onshore (Formerly Westport Oil)	$1,001 - $15,000	Royalty	$201 - $1,000	
PERS	None	N/A	N/A	
Portland Teachers Credit Union	$1,001 - $15,000	Interest/$1- /INTEREST	$1 - $200	
Wedbush C/F IRA	$100,001 - $250,000	DIVIDENDS/INTE REST/CAPITAL GAINS	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Darlene Hooley

Wedbush NQ	$1,001 - $15,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$201 - $1,000
Wright Patman Congressional Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Rep. Steny H. Hoyer
(Full Name)

1705 LHOB U.S. House of Representatives Washington, DC 20515
(Mailing Address)

(202) 225-3130
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: MD District: 05	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ N ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts–	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions–	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ N ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalti s and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/11/07

SCHEDULE I - EARNED INCOME

Name Rep. Steny H. Hoyer

List the ource, typ , and amount of earned income fr m any source (other than th filer's current employment by the U.S. Government) totaling $200 or more during th preceding calendar year. F r a sp use, list the source and amount f any honoraria; list only th source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Maryland State Retirement Agency	Legislative Pension	$20,481.24

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rep. Steny H. Hoyer

BLOCK A **Ass t and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Citigroup/Smith Barney Money Funds Govt. Port CL A (formerly, Legg Mason Wood Walker Govt. Money Market)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Citigroup/Smith Barney SEPP IRA (Berkshire Income Realty, Inc.)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
Citigroup/Smith Barney SEPP IRA (Income Fund of America CL C)	$15,001 - $50,000	DIVIDENDS/CAPI TAL GAINS	$1,001 - $2,500	P
Citigroup/Smith Barney SEPP IRA (Investment Company of America CL C)	$15,001 - $50,000	DIVIDENDS/CAPI TAL GAINS	$2,501 - $5,000	P
Citigroup/Smith Barney SEPP IRA (Telkonet, Inc. Stock)	$50,001 - $100,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rep. Steny H. Hoyer

	Citigroup/Smith Barney SEPP IRA (Value Trust Mutual Fund)	$250,001 - $500,000	None	NONE	
	Congressional Federal Credit Union	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Digital Angel Corp	$1,001 - $15,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Rep. Steny H. Hoyer

Report any purchase, sale r exchange by you, your spouse, or depend nt child during the reporting year of any real property, stocks, bonds, commodities futures, or oth r securities when the amount of th transaction or series of transacti ns exceeded $1,000. Include transactions that resulted in a l ss. Do not report a transaction between you, your sp us , or your dependent child, or th purchas or sale of your personal residence, unless it is rented out. Provide a bri f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Citigroup/Smith Barney SEPP IRA (Value Trust Mutual Fund)	S	10-13-06	$50,001 - $100,000
	Citigroup/Smith Barney SEPP IRA (Investment Company of America CL C)	P	10-13-06; 12-28-06; 12-29-06	$50,001 - $100,000
	Citigroup/Smith Barney SEPP IRA (Income Fund of America CL C)	P	10-13-06; 12-27-06	$50,001 - $100,000

SCHEDULE VIII - POSITIONS

Name Rep. Steny H. Hoyer

Rep rt all positi ns, compensated or unc mpensated, held during the current calendar year as an officer, director, trustee of an organization, partn r, pr prietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entiti s; positions s lely of an honorary nature; and positions listed n Schedule I.

Position	Name of Organization
Member	St. Mary's College Board of Trustees
Member	U.S. Naval Academy Board of Visitors

FOOTNOTES

Name Rep. Steny H. Hoyer

Number	S ction / Schedule	Footnote	This note refers to th following item
1	Schedule III	Due to a merger between Legg Mason Wood Walker and Citigroup/Smith Barney that was finalized in 2006, all holdings that were previously reported as "Legg Mason Wood Walker" became "Citigroup/Smith Barney."	

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Kenny Charles Hulshof
(Full Name)

24 Bingham Road Columbia, MO 65203
(Mailing Address)

202-225-2956
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: MO District: 09 — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone wh files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ N ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ N ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ N ☑	

Each question in this part must be answered and the appr priate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ N ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Y ar)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Kenny C. Hulshof	May 15, 2007

SCHEDULE I - EARNED INCOME

Name Kenny Charles Hulshof

List the source, type, and amount of earned inc m from any sourc (other than the fil r's current employm nt by the U.S. G vernment) totaling $200 or more during the prec ding calendar year. For a spouse, list the s urce and amount of any honoraria; list only th source for oth r sp us armed income exceeding $1,000.

Source	Type	Amount
Ralph Hall for Congress	Music Performance	$300
Capitol Hill Club	Music Performance	$130

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenny Charles Hulshof

BLOCK A **Asset and/or Income Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Typ of Incom** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount f Incom** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), r exchanges (E) exceeding $1,000 in reporting year.
SP	Primevest Financial, St. Cloud, MN	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Citistreet, East Brunswick, NJ Dreyfus S&P Index	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Citistreet, East Brunswick, NJ Pimco Total Return Admin	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Citistreet, East Brunswick, NJ AIM Small Cap Growth	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Citistreet, East Brunswick, NJ SSGA Money Market	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	American Century, KC, MO Growth	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenny Charles Hulshof

SP	American Century, KC, MO Ultra	$1,001 - $15,000	DIVIDENDS	NONE	
SP	American Century, KC, MO Value	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
SP	American Century, KC, MO Global Growth	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
DC	American Funds, San Antonio, TX Investment Company	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	American Century, KC, MO Prime Money Market	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
DC	American Funds, San Antonio, TX Growth Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	American Funds, San Antonio, TX Investment Company	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	American Funds, San Antonio, TX Capital Income Builder	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	American Funds, San Antonio, TX Growth Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	First National Bank, Columbia, MO	$1 - $1,000	INTEREST	$1 - $200	
SP	American Century, KC, MO Life Sciences	$1,001 - $15,000	DIVIDENDS	NONE	
JT	IRA, Citizens Bank, Charleston, MO	$1,001 - $15,000	INTEREST; Other - Mandatory Distribution	$1,001 - $2,500	
JT	KCH Hulshof Farms, 3550 W. 220th Road, Charleston, MO - Rental House	$50,001 - $100,000	RENT	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenny Charles Hulshof

JT	MO States Employees Retirement System	$15,001 - $50,000	DIVIDENDS	NONE	
JT	Great River Soy Processing Coop, Sikeston, MO	$1,001 - $15,000	DIVIDENDS	NONE	P
JT	MFA Oil Company, East Prarie, MO	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Delta Growers Association, Charleston, MO	$1 - $1,000	DIVIDENDS	$1 - $200	
JT	Prudential Financial	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	American Funds, San Antonio, TX Capital Income Builder	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Progressive Farm Credit, Charleston, MO	$15,001 - $50,000	INTEREST	$2,501 - $5,000	
JT	KCH Hulshof Farms Real Property: Equipment	$1,000,001 - $5,000,000	RENT - Other-Farm Income	$100,001 - $1,000,000	S
JT	Certificates of Deposit, Citizens Bank, Charleston, MO	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Focus Bank (Formerly First Security State Bank), Charleston, MO - Accounts	$15,001 - $50,000	INTEREST	$1 - $200	
JT	Citizens Bank, Charleston, MO - Accounts	$50,001 - $100,000	INTEREST	$201 - $1,000	
JT	Bank of America, Columbia, MO - Accounts	$1,001 - $15,000	INTEREST	$1 - $200	
JT	First National Bank, Columbia, MO - Accounts	$1,001 - $15,000	INTEREST	$1 - $200	
DC	First National Bank, Columbia, MO	$1 - $1,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenny Charles Hulshof

JT	Savings Bonds	$1 - $1,000	INTEREST	NONE	

SCHEDULE IV - TRANSACTIONS

Name Kenny Charles Hulshof

Rep rt any purchase, sal or xchang by y u, your spous , r depend nt child during the reporting year f any real property, stocks, bonds, commoditi s futures, r oth r securities wh n the amount f the transaction or s ri s of transactions exce ded $1,000. Includ transacti ns that resulted in a loss. Do not rep rt a transacti n betw en you, y ur spouse, r your dependent child, or the purchas or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Certificates of Deposit From Citizens Bank to Progressive Farm Credit Services	E	06-06-06	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Kenny Charles Hulshof

Report liabilities of over $10,000 wed to any ne creditor at any time during the reporting period by you, y ur sp use, or dependent child. Mark th high st amount owed during the year. Exclude: Any mortgage on your personal resid nce (unless all or part f it is rented out); loans secured by automobil s, hous h ld furniture, r applianc s; and liabilities wed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charg acc unts" (i.e., credit cards) only if the balance at th cl s f the preceding calendar year exceed d $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Progressive Farm Credit, Charleston, MO	Real Estate, Equipment Debt; Operating Loan	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Kenny Charles Hulshof

Id ntify th source and list travel itinerary, dates, and nature of xp nses provid d for travel and trav l-related expenses t taling more than $305 rec ived by you, your spouse, or a dependent child during the reporting period. Indicate whether a family m mber accompanied the traveler at th spons r's expense, and the amount f tim , if any, that was not at th sponsor's xpense. Disclosure is required regardl ss of wheth r the expens s w re reimbursed or paid directly by the sponsor. Exclud : Trav l-related expens s provid d by federal, state, and local governm nts, or by a f reign gov rnment required to be s parately reported und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's exp ns
Wachovia Trust Company Conference	Jan. 11	St. Louis- Miami- St. Louis	N	Y	N	None

SCHEDULE VIII - POSITIONS

Name Kenny Charles Hulshof

Rep rt all positions, compensated or unc mpensated, held during the current calendar y ar as an officer, director, truste of an rganization, partner, proprietor, representative, mpl yee, or consultant of any c rporation, firm, partn rship, r any business nterprise, any nonprofit organization, any labor organization, or any educational or other institution oth r than the United States. Exclude: Positions h ld in any religi us, social, fraternal, r political ntiti s; positions sol ly of an honorary nature; and positi na listed n Schedule I.

Position	Name of Organization
Owner	KCH Hulshof Farms

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 12: 23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED 5
(Office Use Only)

DUNCAN HUNTER
(Full Name)

2265 RAYBURN HOB
(Mailing Address)

WASHINGTON DC 20515
Daytime Telephone: 202 225-5672

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 52	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be ass ssed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		MAY 11, 2007

Nam DUNCAN HUNTER | Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Incom Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value f Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount f Inc me

For r tir ment plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

				A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock					X								X																		P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah KY accounts						X									X									X						
	NIFCU 2956						X												X				X											
	NIFCU 7507								X										X							X								
	NIFCU 3387								X										X									X						
	CALIF BANK			X															X									X						
	PACIFIC WESTERN								X										X								X							
	ING SAVINGS						X												X					X										

For additional assets and unearn d income, use n xt page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DUNCAN HUNTER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
A	APPROXIMATELY 18 ACRES (WITH CABIN) VA FORMERLY APP. 50 ACRES						X																									
B	CABIN, WARREN CTY, VA						X																									
C	1/4 ACRE LOT, UTAH			X																												
D	BURNED HOME BEING REBUILT, S.D.								X																							

This page may be copied if more space is required.

1922

Name DUNCAN HUNTER | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclud** : Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	CONG FED CREDIT UNION	CAR LOAN		X								
	CONG FED CREDIT UNION	CAR LOAN		X								
	SO WEST AIRLINE CARD	CREDIT CARD		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is requir d.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	AMERICAN CONSERVATIVE UNION
PARTNER	CABIN #2 W/ PETE GREEN ON BLUE RIDGE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 — 33-427 (mac)

Use additional sheets if more space is required.

HAND DELIVE

RESOURCE CENTER

2007 JUN 14 PM 3:59

THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1

HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

DUNCAN HUNTER
52ND DISTRICT
CALIFORNIA

MC

Clerk of the House,

Dear Sirs,

Please amend my answer to question 4 on my Financial Disclosure from "yes" to "no".

Thanks,

Duncan Hunter

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY -8 PM 5:19

HC (Office Use Only)

Bob Inglis
(Full Name)

461 River Road, Travelers Rest, SC 29690
(Mailing Address)

864-517-2898
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State SC District 4	☐ Officer or Employee — Employing Office:	
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall b assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ N ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY *that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.*	Bob Inglis	5/8/07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Inglis for Congress Committee, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name: Bob Inglis | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, *name the institution* holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.

Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, *you may write "NA"* for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, *should be listed* as income. Check "None" if no income was received.

BLOCK E — *Transaction*

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties												
	1st Bank of Paducah, KY accounts						X									X										X						
	DIRA with Fidelity Investments composed of the following:																															
	Fidelity Advisor Equity Growth CLT (FAEGX)			X											X		X	X					X									
	Fidelity Advisor Equity Income CLT (FEIAX)				X										X		X	X							X							
	Fidelity Advisor Interest Bond CLT (FTBRX)				X										X		X	X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Nam Bob Inglis

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	IRA with AGE & each composed of the following:																															
	Mutual Funds																															
	Alliance Bernstein Lg Cap Growth			X											X			X			X											
	AmCent Quant Inc & Grwth			X											X			X					X									
	Columbia Marsico Focused Equit			X											X			X				X										
	Davis N Y Venture Fd Inc			X											X			X					X									
	DWS Dreman High Rtrn Eqty Fd			X											X			X					X									
	f/k/a Scudder Value Services																															
	DWS Small Cap Val Fd Cl S			X											X			X				X										P
	Federated Govt Obligs Money Mk		X												X			X			X											
	Harbor Capital Appreciation Fd			X											X			X				X										
	Hotchkis & Wiley Fds Mid Cap C			X											X			X				X										
	Lord Abbett Mid Cap Value Cl A			X											X			X				X										
	Oppenheimer Developing Mkts F			X											X			X					X									
	Putnam Intl Equity Fd Cl A			X											X			X					X									
	Putnam Small Cap Growth			X											X			X				X										P
	T Rowe Price Growth Stck			X											X			X				X										P
	T Rowe Price Mid-Cap Gr			X											X			X					X									
	Templeton Devel Mkts I			X											X			X					X									
	Templeton Foreign I			X											X			X					X									
	Wash Mut Invs Fd Inc Cl F			X											X			X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Bob Inglis

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Fidelity Small Cap Fd Cl A	X													X			X				X									S
	Janus Invest Fund Sm Cap Value	X													X			X				X									S
	MFS Mass Invest Growth Stk	X													X			X				X									S
	Allick Wyllie Inglis, Jr. Revocable Personal Residence Trust and Helen McCullough Inglis Revocable Personal Residence Trust (1/5 interest in both)							X								X								X							

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SCHEDULE IV — TRANSACTIONS

Name Bob Inglis | Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. *Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.*

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-06		X								
	Fidelity Small Cap Fd Cl A		✓		3/9/06	X									
	Janus Invest Fund Sm Cap Value		✓		11/2/06	X									
	MFS Mass Invest Growth Stk		✓		7/28/06	X									
	DWS Small Cap Val Fd Cl S	✓			11/2/06	X									
	Putnam Small Cap Growth	✓			3/9/06	X									
	T Rowe Price Growth Stck	✓			7/28/06	X									

This page may be copied if more space is required.

Name Bob Inglis | Page 7 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank of Travelers Rest	Home equity loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if mor space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Allen Wyllie Inglis, Jr. Qualified Personal Residence Trust
Trustee	Helen McCullough Inglis Qualified Personal Residence Trust

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2007 MAY 14 PM 5:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

p1

Full Name: Jay Robert Inslee

Mailing Address: 1197 Hawley Way NE
Bainbridge Island WA 98110

Daytime Telephone: 202 225 6311

Filer Status	☐ Member of the U.S. House of Representatives — State/District: WA	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	N ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 12 2007

May 14 07 07:13p

1934

Name Jay Robert Inslee | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Dr Steven Schwager	Spouse Salary	2675 -

For payments to charity in lieu of honoraria, use Schedule II.

Name Jay R. Inslee | Page 3 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B	Block C																													Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPT TED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	SP Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
JT	Congressional Federal Credit Union			X													X					X										
	Dreyfus Liquid Assets (money mkt)			X											X								X									
	Dupont			X											X								X									P
	I-Shares 1-3 yr Treasury				X										X									X								P+S
	Russell 1000 Growth Index				X										X								X									P
	Russell 1000 Value Index				X										X								X									P

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

Name Jay K. Inslee

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	~~MicroCap~~				
	Russell ~~MicroCap~~ Index	B Y	DIVIDENDS Y	II X	P
	MSCI EAFE Index	D Y	DIVIDENDS Y	II X	P
	Russell 2000 Growth Index	C Y	DIVIDENDS Y	II X	P
	Russell 2000 Value Index	C Y	DIVIDENDS Y	II X	P
	S+P MidCap Growth Index	C Y	DIVIDENDS Y	II X	P
	S+P MidCap Value Index	C X	DIVIDENDS Y	II X	P
	Mantisano	C Y	DIVIDENDS Y	II X	P
	Powershares Commodity Index	D Y	DIVIDENDS X	II X, III X	P
	S+P 500 Energy Index	C X	DIVIDENDS X	II X	P
	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	Sunflower Corp CIA	C X	NONE X	I X	P
DC	Costco	C X	DIVIDENDS Y	II X	P
DC	Starbucks	C X	NONE X	I X	P
DC	Zumiez	C X	NONE X	I X	P
SP	Costco	C X	DIVIDENDS Y	II X	P
SP	Starbucks	C X	NONE X	I X	P
	Advanced Micro Devices	C X	NONE X	I X	P
SP	Zumiez	C X	NONE X	I X	
	Texas Instruments	A X	NONE X	II X	S
	Microsoft	A X	NONE X	I X	S
	—				
	—				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jay R. Inslee

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Lord Abbett Funds	X													X			X				X										S+P
SP	MFS Strategic Growth	X												X							X											S
	Cisco Systems	X												X							X											S
	EMC Corp	X												X							X											S
	General Electric	X													X							X										S
	I-Flow	X												X							X											S
	Intel	X												X							X											S
	Lucent	X												X							X											S
	Medtronic	X													X							X										S
	Pfizer	X													X							X										S
	IBM	X													X							X										S
	Citigroup	X													X							X										S
DC	Real Networks	X												X							X											S
	Gold Index			X										X							X											P+S
	S+P 500 Utilities Index			X											X							X										P+S
	S+P 500 Basic Materials Index			X											X							X										P+S

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Name Jay R. Inslee | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-05		X								
	Gold Index	X			03-17-06	X									
	Gold Index		X		08-09-06	X									
	I-Shares 1-3yr Treasury Index	X			03-17-06	X									
	I-Shares 1-3yr Treasury Index		X		08-09-06	X									
	I-Share 1-3yr Treasury Index		X		08-24-06	X									
	SP 500 Basic Materials Index	X			03-17-06	X									
	SP 500 Basic Materials Index		X		08-09-06	X									
	SP 500 Basic Materials Index		X		08-24-06	X									
	SP 500 Energy Index	X			03-17-06	X									
	SP 500 Energy Index		X		08-09-06	X									
	SP 500 Utilities Index	X			03-17-06	X									
	SP 500 Utilities Index		X		08-09-06	X									
	SP 500 Utilities Index		X		08-24-06	X									
DC	Microsoft		X		05-22-06	X									
DC	Real Networks		X		05-22-06	X									
DC	Texas Instruments		X		05-22-06	X									

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SCHEDULE IV — TRANSACTIONS

Name Jay R. Inslee | Page 7 of 9

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-06		X								
SP	Lord Abbett Midcap Value Fund	X			02-17-06	X									
SP	Lord Abbett Midcap Value Fund		X		05-18-06	X									
SP	MFS Strategic Growth Fund		X		05-18-06	X									
DC	Real Networks		X		3-3-06	X									
	Microsoft		X		3-3-06	X									
	Cisco Systems		X		3-3-06	X									
	EMC Corp		X		3-3-06	X									
	General Electric		X		3-3-06	X									
	I-flow		X		3-3-06	X									
	Intel		X		2-21-06	X									
	Lucent		X		3-3-06	X									
	Medtronic		X		3-3-06	X									
	Pfizer		X		3-3-06	X									
	IBM		X		3-3-06	X									
	Sunpower Corp Cl A	X			11-2-06	X									
	Dupont	X			8-24-06	X									

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May 14 07 07:13p p.7

Name Jay R. Inslee | Page 8 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-06		X								
	Citigroup		X		3-3-06	X									
	Russell 1000 Growth Index	X			3-17-06		X								
	Russell 1000 Value Index	X			3-17-06		X								
	Advanced Micro Device	X			3-17-06	X									
	MSCI EAFE	X			3-17-06	X									
	Russell Micro Cap Index	X			3-17-06	X									
	S+P Mid Cap Growth Index	X			3-17-06	X									
	S+P Mid Cap Value Index	X			3-17-06	X									
	Montesano	X			8-24-06	X									
	Power Shares Commodity Index	X			3-17-06		X								
DC	Costco	X			5-22-06	X									
DC	Starbucks	X			5-22-06	X									
SP	Zumiez	X			5-22-06	X									
[redacted]	[redacted] Russell 2000 Growth Index	X			~~3-17-06~~	X									
[redacted]	[redacted] Russell 2000 Value Index	X	[redacted]		3-17-06	X									
	[redacted]		[redacted]												

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Honorary Board Member	Washington Wildlife + Recreation Coalition

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 — 33-427 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
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5

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Steve J. Israel
(Full Name)

66 Dix Highway Dix Hills, NY 11746
(Mailing Address)

2022253335
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: NY District: 02 — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ N ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ N ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-15-07

1943

SCHEDULE I - EARNED INCOME

Name Steve J. Israel

List the s urc , typ , and amount of earned inc me from any source (other than the filer's current mployment by th U.S. Gov rnment) totaling $200 or m re during the prec ding calendar year. For a spouse, list the s urce and amount f any honoraria; list nly the source for oth r sp use arned income xc eding $1,000.

Source	Type	Amount
Suffolk County Family Court	Spouse Salary	n/s
Law Office of Marlene Budd	Spouse Salary (fees and liquidation of firm closed in 2005)	n/a
Town of Huntington	Spouse Salary (final paycheck from office held until 2005)	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Steve J. Israel

	BLOCK A **Ass t and/or Incom Source** Identify (a) each ass t held f r investm nt or production of inc me with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. ~~Exclude: Your personal residence(s) (unless there is rental income)~~; any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Typ of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), r exchanges (E) exceeding $1,000 in reporting year.
	NYS Retirement Account	$15,001 - $50,000	DIVIDENDS	NONE	
SP	NYS Retirement Account	$15,001 - $50,000	DIVIDENDS	NONE	
	Oppenheimer Funds Limited Term NY Municipal Class C	$1,001 - $15,000	DIVIDENDS	NONE	S

SCHEDULE IV - TRANSACTIONS

Name Steve J. Israel

Rep rt any purchase, sale or exchange by y u, your spouse, or dependent child during th reporting year of any real prop rty, stocks, bonds, commoditi s futures, or ther s curiti s wh n th amount of the transaction or seri s of transactions xceeded $1,000. Include transactions that resulted in a l ss. Do not report a transaction betw n you, y ur sp use, or your d pendent child, r the purchas or sale of your pers nal resid nce, unl s it i rented out. Provide a bri f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transacti n
SP	Hartford Life Insurance deffered compensation	S	2-27-06	$1,001 - $15,000
SP	Keogh American Funds	S	3-1-06	$1,001 - $15,000
	Oppenheimer Funds NY Municipal Fund	S	1/10, 3/13, 8/17 and 10/25	$1,001 - $15,000
	Merrill Lynch IRA	S	2-1-06	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Steve J. Israel

Rep rt liabilities of over $10,000 w d to any one creditor at any tim during th reporting period by you, your spous , or d p ndent child. Mark the high st amount owed during the y ar. Exclude: Any m rtgage on y ur p rsonal resid nce (unless all or part f it i rent d out); loans secured by aut m bil s, household furniture, r applianc s; and liabiliti s wed to a spouse, or th child, parent, or sibling of you r your sp use. R port "rev lving charge acc unts" (i.e., credit cards) nly if th balance at th cl s of th prec ding calendar year exc d d $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
SP	Sallie Mae/Educational Loan Servicing	Student Loan	$15,001 - $50,000

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

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13

MC

The Honorable Darrell Issa
(Full Name)

211 Cannon House Building Washington, DC 20515
(Mailing Address)

202-225-3906
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: CA District: 49	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assess d against anyone who fil s more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑	No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	N ☐
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appr priat schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		6/12/07

1948

SCHEDULE I - EARNED INCOME

Name The Honorable Darrell Issa

List the sourc , type, and amount of earn d inc m from any source (oth r than the filer's current employm nt by th U.S. G vernm nt) totaling $200 or m r during the prec ding cal ndar year. For a spouse, list th source and amount f any honoraria; list only the source for oth r spous arn d income xceeding $1,000.

Source	Type	Amount
Greene Properties, Inc.	Spouse Salary	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name The Honorable Darrell Issa

List the s urce, activity (i. ., speech, app aranc , or articl), dat , and amount f any payment made by th sponsor f an event t a charitabl rganization in li u f an h norarium. A separate c nfidential list f chariti s r c iving such paym nts must b filed directly with th Committe on Standards of Official C nduct. A green env l pe f r transmitting th list is included in ach M mb r's filing packag . Empl yees may requ st a gre n nv l pe from the Clerk or us a plain env lope that is appropriately lab l d.

Source	Activity	Date	Amount
Maher Live Inc.	TV Appearance	September 8, 2006	$800

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name The Honorable Darrell Issa

BLOCK A **Ass t and/or Incom Sourc**	BLOCK B **Year-End Valu of Asset**	BLOCK C **Typ of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each ass t held for inv stment or pr duction f income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in *Block A state the nature of the business and its geographic location.* For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	For retirem nt plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Indicate if asset had purchases (P), sal s (S), r exchang s (E) exceeding $1,000 in rep rting year.
See Attachment				

1951

Schedule III - Total Assets and "Unearned" Income

Ass t	Value of Asset													Incom Typ							Amount of Income									Transaction
	A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	None	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	$1,000,001-$5,000,000	Over $5,000,000	P, S, E
AIM International Small Co										X			X			X													X		S, P
AIM Small Cap Growth									X							X												X			S
AllianceBernstein International Value									X				X			X									X						P
AllianceBernstein Value									X				X			X												X			P
Allianz NFJ Small Cap Value									X				X			X												X			S
American Am Cap Fund									X				X			X											X				S
American Growth Fund of America									X				X			X												X			S
American New Perspective									X				X			X												X			S,P
AXA Enterprise Capital Appreciation									X							X												X			S,P
AXA Enterprise Mergers and Acquisitions									X							X											X				S
AXA Enterprise Small Comp Value									X				X			X												X			
ML Bank Deposit Program						X									X								X								
Blackrock Developing Cap Markets									X				X			X												X			P
Blackrock Global Allocation									X				X			X												X			P
Blackrock Global Small Cap										X						X												X			
Blackrock Large Cap Growth									X							X									X						
Blackrock Large Cap Value										X			X			X												X			E
Blackrock Mid Cap Value Opportunity									X							X												X			S,P
Blackrock Pacific Fund										X			X														X				P
Blackrock S&P 500 Index Fund									X							X											X				S
Blackrock Value Opportunities					X											X									X						S
Calamos Growth Fund									X							X												X			S,P
Calamos Value									X							X											X				P
CMA Tax Exempt Fund							X						X												X						
Columbia Acorn									X				X			X												X			P
Columbia Marsico 21st Cent										X			X			X												X			
Davis NY Venture									X				X													X					
Delaware American Services									X							X											X				
Dreyfus Premier Value Fund									X							X									X						S
Dyefus Premier Worldwide									X				X												X						
Eaton Vance Asian Small Co										X			X			X											X				P
Evergreen Equity Income									X							X												X			S
First Eagle Global										X			X			X												X			P
Franklin Cust Utility									X				X			X												X			S
Franklin Micro Cap Fund									X				X			X												X			
Goldman Sachs Mid Cap Value										X			X			X												X			
Ivy Asset Strategy									X				X			X					X										P
Janus Adviser Contrarian									X				X			X									X						P
Janus Adviser Forty									X							X				X											S,P
John Hancock Classic Value									X				X			X											X				
Lord Abbett Mid Cap Value									X				X			X												X			S
Mainstay Mid Cap Value									X				X			X												X			S
MFS International									X				X			X												X			P
MFS Strategic Value									X							X												X			S
MFS Value					X								X			X									X						S, P

1952

Schedule III - Total Assets and "Unearned" Income

Asset	Value of Asset												Income Type						Amount of Income										Transaction
	A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	None	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	$1,000,001-$5,000,000	Over $5,000,000	P, S, E
Oppenheimer Developing Markets										X			X			X												X			P
Phoenix Foreign Opportunity Fund						X										X					X										S, P
Phoenix International Strategy									X				X													X					P
Pioneer Mid Cap Value				X												X				X											S
Pioneer Small Cap Value									X							X												X			S
Seligman Large Cap Value									X				X											X							
Van Kampen Common Stock									X				X			X												X			S
DEI LLC*												X		X	X														X		
Third I LLC**									X					X														X			
Greene Properties, Inc. ***											X			X	X													X			
Congressional Federal Credit Union Accounts				X											X							X									

* DEI LLC is a limited liability corporation that owns and manages office and light industrial property located at 5540 & 5541 Fermi Court, Carlsbad, CA; 2052 Corte de Nogal, Carlsbad, CA; 212 S. Main Street, Fallbrook, CA; 5931 Priestly Dr., Carlsbad, CA; 1709 La Costa Meadows, San Marcos, CA; and 3186 Vista Way, Oceanside, CA.

** *Third I LLC is a limited liability corporation that* owns and manages office and light industrial property located at 2585 Business Park Drive, Vista, CA.

*** Greene Properties, Inc. is a property management company that owns and manages office and light industrial located at 3142 & 3156 Vista Way, Oceanside, CA; and 1 Viper Way, Vista, CA.

NOTE: All Merril Lynch funds had name changes. Merrill Lynch Investment Manager was acquired by Blackrock. So, for example, the ML Global Allocation Fund became the Blackrock Global Allocation Fund.

SCHEDULE IV - TRANSACTIONS

Name The Honorable Darrell Issa

Rep rt any purchase, sale r exchange by you, your spous , or dependent child during the rep rting year of any real property, stocks, bonds, commoditi s futures, or ther securities when the amount of the transaction or series of transactions xceeded $1,000. Include transactions that resulted in a l ss. D not report a transaction between you, your spous , or your depend nt child, or th purchas or sale of your personal residence, unl ss it is rent d out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	See Attachment			

Schedule IV - Transactions Total

Asset		Typ			Date	Amount f Transaction										
		Purchase	Sale	Exchange		A $1-$1,000	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
JT	Eaton Vance Asian Small Co	X			1/3/2006							X				
JT	AIM International	X			1/3/2006					X						
JT	MFS International	X			1/3/2006						X					
JT	First Eagle Global	X			1/3/2006					X						
JT	AXA Enterprise Mergers		X		1/3/2006								X			
JT	Janus Adviser Forty	X			1/3/2006							X				
JT	Janus Adviser Forty	X			1/3/2006							X				
JT	Phoenix Foreign	X			1/3/2006						X					
JT	Phoenix Foreign	X			1/3/2006							X				
JT	Phoenix Foreign		X		1/3/2006							X				
JT	Phoenix Foreign		X		1/3/2006						X					
JT	ML Developing Cap Markets	X			1/3/2006							X				
JT	ML Developing Cap Markets	X			1/3/2006						X					
JT	ML Global Allocation	X			1/3/2006						X					
JT	ML Pacific Fund	X			1/3/2006					X						
JT	Evergreen Equity Income		X		1/3/2006								X			
JT	ML S&P 500 Index Fund		X		1/3/2006								X			
JT	American New Perspective	X			1/3/2006					X						
JT	AXA Enterprise Capital	X			1/4/2006					X						
JT	AXA Enterprise Mergers		X		1/4/2006					X						
JT	Eaton Vance Asian Small Co	X			1/6/2006						X					
JT	MFS International	X			1/6/2006						X					
JT	ML Developing Cap Markets	X			1/6/2006						X					
JT	Calamos Growth Fund	X			1/6/2006						X					
JT	Oppenheimer Developing	X			1/6/2006						X					
JT	Phoenix International	X			1/6/2006						X					
JT	Columbia Acorn Fund	X			1/20/2006								X			
JT	Dreyfus Prem Value		X		1/20/2006								X			
JT	Phoenix Foreign	X			3/17/2006					X						
JT	Phoenix Foreign	X			3/17/2006			X								

Schedule IV - Transactions Total

Asset		Type			Date	Amount f Transaction										
		Purchase	Sale	Exchange		A $1-$1,000	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
JT	MFS Staratigic Value		X		3/21/2006								X			
JT	Phoenix Foreign	X			3/29/2006											
	MFS Value	X			3/30/2006	X										
S	MFS Value	X			3/30/2006	X										
JT	ML Mid Cap VL Opp		X		3/31/2006					X						
JT	Mainstay Mid Cap		X		3/31/2006							X				
JT	Van Kampen		X		3/31/2006					X						
JT	Franklin Cust Fund Utilities		X		3/31/2006				X							
JT	Phoenix Foreign		X		4/3/2006	X										
JT	ML Mid Cap VL Opp		X		4/11/2006							X				
JT	Mainstay Mid Cap		X		4/11/2006							X				
JT	Lord Abbett Mid Cap		X		4/19/2006								X			
JT	Columbia Acorn Fund	X			6/8/2006			X								
JT	Janus Adviser Forty		X		6/13/2006								X			
JT	Janus Adviser Contrarian	X			6/13/2006								X			
JT	Phoenix International	X			6/23/2006		X									
	MFS Value	X			6/29/2006	X										
S	MFS Value	X			6/29/2006	X										
	ML Value Opp	X			7/20/2006	X										
	ML Value Opp	X			7/20/2006		X									
S	ML Value Opp	X			7/20/2006		X									
S	ML Value Opp	X			7/20/2006		X									
JT	Alliance Bernstein International	X			8/21/2006	X										
JT	Ivy Asset Strategy	X			8/21/2006	X										
JT	Aim Small		X		9/11/2006							X				
	AllianceBernstein International	X			10/10/2006				X							
	AllianceBernstein Value	X			10/10/2006				X							
	Blackrock Value		X		10/10/2006			X								
	MFS Value		X		10/10/2006			X								

Schedule IV - Transactions Total

	Asset	Typ			Date	Amount of Transaction										
		Purchase	Sale	Exchange		A $1-$1,000	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Pioneer Mid Cap Value		X		10/10/2006			X								
	American Growth Fund of America		X		10/10/2006			X								
	American New Perspective		X		10/10/2006			X								
S	AllianceBernstein International	X			10/10/2006				X							
S	AllianceBernstein Value	X			10/10/2006				X							
S	Blackrock Value		X		10/10/2006			X								
S	MFS Value		X		10/10/2006			X								
S	Pioneer Mid Cap Value		X		10/10/2006			X								
S	American Growth Fund of America		X		10/10/2006			X								
S	American New Perspective		X		10/10/2006			X								
JT	Blackrock Large Cap Value *			X	10/17/2006											
JT	Blackrock Large Cap Value *			X	10/17/2006											
	AllianceBernstein International	X			12/20/2006	X										
	AllianceBernstein International	X			12/20/2006		X									
	AllianceBernstein International	X			12/20/2006		X									
	AllianceBernstein Value	X			12/20/2006	X										
	AllianceBernstein Value	X			12/20/2006		X									
	AllianceBernstein Value	X			12/20/2006		X									
S	AllianceBernstein International	X			12/20/2006	X										
S	AllianceBernstein International	X			12/20/2006		X									
S	AllianceBernstein International	X			12/20/2006		X									
S	AllianceBernstein Value	X			12/20/2006	X										
S	AllianceBernstein Value	X			12/20/2006		X									
S	AllianceBernstein Value	X			12/20/2006		X									
JT	AXA Enterprise Capital		X		12/22/2006								X			
JT	Calamos Growth Fund		X		12/22/2006								X			
JT	Pioneer Small Cap		X		12/22/2006									X		
JT	AXA Enterprise Capital		X		12/27/2006					X						
JT	Blackrock Developing	X			12/28/2006								X			

Schedule IV - Transactions Total

	Asset	Type			Date	Amount f Transaction										
		Purchase	Sale	Exchange		A $1-$1,000	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
JT	Blackrock Pacific Fund	X			12/28/2006								X			
JT	Blackrock Mid Cap		X		12/28/2006								X			
JT	Blackrock Mid Cap		X		12/28/2006								X			
JT	Eaton Vance Asian Small Co	X			12/29/2006								X			
JT	AIM International	X			12/29/2006								X			
JT	Alliance Bernstein International	X			12/29/2006								X			
JT	Ivy Asset Strategy	X			12/29/2006								X			
	Property located at 1709 La Costa Meadows, San Marcos, CA	X			3/29/2006									X		
	Property at 3186 Vista Way, Oceanside, CA	X			11/15/2006									X		

* ML Large Cap Value changed names to Blackrock Large Cap Value. Rep. Issa alread held Blackrock Large Cap Value so the old Blackrock Large Cap Value (PNVIX) exchanged into the old ML Large Cap Value which is now Blackrock Large Cap Value (MDLVX).

NOTE: All Merril Lynch funds had name changes. Merrill Lynch Investment Manager was acquired by Blackrock. *So, for example, the* ML Global Allocation Fund became the Blackrock Global Allocation Fund.

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name The Honorable Darrell Issa

Identify the sourc and list travel itinerary, dates, and nature of expenses provided for trav l and travel-relat d exp nses totaling m r than $305 rec ived by you, your spouse, r a d pendent child during th reporting period. Indicate whether a family member acc mpanied the trav l r at th sponsor's expense, and th amount of time, if any, that was not at the sp ns r's expense. Disclosure is required regardl ss of whether the xpenses w re reimbursed or paid dir ctly by th sp nsor. Exclude: Trav l-related xpenses provided by federal, state, and local governments, r by a f reign governm nt required to be separat ly reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided t a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Consumer Electronics Association	January 4-8	Vista, CA - Las Vegas, NV - Vista, CA	Y	Y	Y	N/A
The Heritage Foundation	January 29 - 31	DC - Baltimore - DC	Y	Y	Y	N/A
Jeanine Pirro for Attonery General (NY)	May 8-9	DC - New York City - DC	Y	Y	N	N/A
Telecommunications Industry Association	June 4-5	San Diego, CA - Chicago, IL - Washington, DC	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name The Honorable Darrell Issa

R port all positions, compensated or unc mpensated, held during the current cal ndar year as an officer, direct r, trustee of an organizati n, partn r, propri t r, repres ntative, employee, r c nsultant f any c rporation, firm, partnership, or any business ent rpris , any nonprofit organizati n, any labor organization, or any ducational r other instituti n oth r than th United Stat s. Exclude: Positions held in any r ligi us, social, fraternal, or political entities; positions solely of an hon rary nature; and positions listed on Sch dul I.

Position	Name of Organization
Board of Directors	Greene Properties, Inc
Board of Directors	Directed Electronics, Inc (DEIX)
Board of Directors	American Task Force For Lebanon
Board of Trustees	Sienna Heights University
Partner	DEI LLC
Partner	Third I LLC
Board of Directors	Issa Family Foundation

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UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Jesse L. Jackson, Jr.
(Full Name)

2419 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

(202) 225-0773
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: IL District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	N [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	N [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jesse L. Jackson Jr.	5-15-07

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	DNC Services Corp	Spouse	N/A

For payments to charity in lieu of honoraria, use Sch dul II.

1962

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income of Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Mega Corp Stock						X							X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts							X								X										X						
	Putnam Equity Income-A		X											X			X					X										
	Oppenheimer Quest Opp. Val.			X										X			X					X										
	Amer. Glob. Sm Cap Ann. IRA				X																n/a											
	Amer. Growth Annuity IRA				X																n/a											
	Amer. Growth-Inc Ann. IRA				X																n/a											
	Delaware VIP Reit Ann. IRA				X																n/a											

For additional assets and unearned income, use next page.

1963

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Nam Jesse L. Jackson, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
	MFS VIT Total Annuity IRA	D	DIVIDENDS; CAPITAL GAINS	II	
SP	American Mutual-A IRA	D	DIVIDENDS; CAPITAL GAINS	II	
SP	Amer. Cap. World IRA	D	DIVIDENDS; CAPITAL GAINS	II	
SP	Amer. Growth -A-IRA	D	DIVIDENDS; CAPITAL GAINS	II	
SP	Amer. Income -A-IRA	D	DIVIDENDS; CAPITAL GAINS	II	
SP	Amer. Invest Co. A IRA	D	DIVIDENDS; CAPITAL GAINS	II	
SP	Cash - IRA	B	DIVIDENDS	II	
SP	Putnam Asset Alloc. -A SEP IRA	D	DIVIDENDS	II	
DC	Amer. Wash. Mutual Invest. 529 B	C	DIVIDENDS; CAPITAL GAINS	II	

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1964

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Lawyers Committee for Civil Rights Under Law	Feb 9-10	Wash DC-Boston-Wash DC	Y	N	N	None
	Mary Institute & St. Louis County School	Feb 22-23	Chicago-St. Louis-Chicago	Y	N	Y	None

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1965

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Chicago Theological Seminary
Director	Easter Seals of Metropolitan Chicago
Advisory Board Member	JFK School of Gov't Institute of Politics, Harvard University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 — 33-427 (mac)

Use additional sheets if more space is required.

1966

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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SHEILA JACKSON LEE
(Full Name)

4428 N. Roseneath Houston, Texas 77021
(Mailing Address)

(202) 225-3816
Daytime Telephone

Filer Status: [ ] Member of the U.S. House of Representatives — State: Texas District: 18th [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files mor than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	N [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sheila Jackson Lee	June 14, 2008

1967

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The University of Houston - State of Texas Administrator	Spouse Salary	N/A

For payments t charity in lieu of honoraria, us Schedul II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Sourc

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. *For an active business that is not publicly traded*, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Am unt of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
SP	First Investors Fund For Income			X										X										X								
SP	Metropolitan Life							X								n/A								n/A								
SP	Oppenheimer Fund															n/A								n/A								
SP	457 Fund															n/A								n/A								
	Pension/City of Houst	not established														n/A								n/A								

For additional assets and unearned inc m , use next page.

1969

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible]

SP. DC. JT	BLOCK A Asset and/or Income Sourc	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Inc me: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount f Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Brannon Stock			X												n/A								n/A								
	Company may not exist																															
DC	Bell Fort SDA Church		X																Bond					n/A							
DC	Bell Fort SDA Church		X																Bond					n/A							
	Occidental Petroleum		X											X								X										
	Wright-Patman Credit Union				X											X							X									
DC	Bank One			X												X							X									
	United Energy (Credit Union) Resources		X																													
	Capital Credit Union		X													X																
	Unity Bank			X												X						X										
	Wood Forest Bank			X												X							X									
	Wells Fargo Bank																															
	Bank One			X												n/A						n/A										

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Name [illegible] Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Wells Fargo Bank	Loan			X							
Sp	Sallie mae Savings Corp	Education Loan		X								
JT	Chase Manhattan	Mortgage – 800N Charlottesville Sq. [illegible] S.W.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325

Use additional sheets if more space is required.

1971

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Number of days not at sponsor's xpense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	University of California at Berkeley Immigration Forum	8-06	Houston - Ca - Houston	Y	Y	N	None
	APPNA	6/2006	DC - Chicago - Houston	Y	Y	N	None
	NAACP	6/2006	DC - Detroit - Houston	Y	Y	N	None
	NAACP	7/2006	D.C. - Memphis - Houston	Y	Y	N	None
	Minorities in Health	12/2006	D.C/Louisville - Houston	Y	Y	N	None
	Institute of Black World	10/8/06	Houston - Haiti - Houston	Y	Y	N	None

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1972

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice-Chancellor-Sp	Sp. University of Houston
Director-Sp	March of Dimes
Boy Scouts of America	Spouse and Member - Board of Directors
Advisory Board	Spaulding For Children
Advisory Board	Houston Grand Opera
Honorary Chair	Temporary Position For Non-Profit

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33-427 (mast)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 5:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

William Jennings Jefferson
(Full Name)

2113 Rayburn Building
WASHINGTON, D.C 20515
(Mailing Address)

202-225-6636
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State LA District 2	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	N [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	N [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/07

1974

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Southern University	spouse salary	N/A
	THE AN J Group, LLC	Spouse Salary	N/A

For payments t charity in lieu of honoraria, use Schedule II.

1975

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	$2,000
	XYZ Magazine	Article	Aug. 13, 2006	$500
	NONE			

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Name William J. Jefferson | Page 4 of 19

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Farmland - 10 acres - Lake Pontchartrain, La.					X										X								X								
	" - 90 acres - "					X										X									X							
	Jefferson Interests - Loan receivable						X														X											
	Liberty Bank - C.D.					X											X					X										
	Jefferson, Bryan Register - Stts. in Corp.							X									X				X											
	Jefferson Committee						X							X							X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Nam William J Jefferson

SP. DC. JT	BLOCK A Asset and/ r Inc me Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P. S. E
	Vernon Jackson – Loan receivable			X										X							X										

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1978

Name William J. Jefferson Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example*	Mega Corporation Common Stock	X			10-12-06		X								
	NONE															

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1979

Name William J. Jefferson | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Dryades Bank, New Orleans, La	DEMAND		X								
	Liberty Bank, New Orleans, La	DEMAND		X								
	North Samara, Washington, D.C.	DEMAND			X							
	Robert L. Johnson, Wash. D.C.	Installment				X						
	MBNA, Delaware	Revolving Charge		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $122 or less need not be added towards the $305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Valu
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$325
Contributions to		
LEGAL EXPENSE		$56,250.00
Trust - SEE		
Attached		

Use additional sheets if more space is required.

1980

Name William J. Jefferson | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination—City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Islamic Free Market Institute Qatar Chamber of Commerce	April	WASH DC - Qatar - DC	Y	Y	Y	NONE
	Jefferson Committee/CBC Institute/personal	Aug 11-14	N.O. — Tunica, Miss - N.O.	N	N	Y	2 days

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1981

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE During Reporting Period See 1990 Disclosure Form	

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

1982

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2007 MAY -1 AM 11:14

HC
(Office Use Only)

Bobby Jindal
(Full Name)

1205 Longworth House Office Building Washington, DC 20515
(Mailing Address)

202-225-3015
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representative — State: LA District: 1 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependant child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	*Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed.* Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written *application and will be reviewed by the Committee on Standards of Official Conduct or its designee.* Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that th statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		4/30/07

SCHEDULE I - EARNED INCOME

Name Bobby Jindal

List the source, type, and amount of earned incom from any source (other than the filer's current mployment by th U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the ource and amount of any honoraria; list only the source for other spouse earn d inc me exceeding $1,000.

Source	Type	Amount
Albemarle Corporation, Baton Rouge, LA	Spouse Salary	N/A

1984

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Nam Bobby Jindal

	BLOCK A **A set and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount f Income** F r retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
SP	Albemarle 401(k) - Albemarle Stock	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	P
SP	Albemarle 401(k) - Merrill Lynch Equity Index Trust Tier I	$50,001 - $100,000	None	NONE	P
SP	*Albemarle 401(k) - Merrill* Lynch Retirement Fund	*$1,001 - $15,000*	DIVIDENDS	$1 - $200	
SP	Albemarle 401(k) - PIMCO Total Return Fund Class A Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Fidelity Growth Company Mutual Fund	$100,001 - $250,000	None	NONE	P
	Fidelity Municipal Money Market Fund	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	

1985

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby Jindal

	Fidelity Spartan 500 Index Mutual Fund	$250,001 - $500,000	DIVIDENDS	$5,001 - $15,000	P
	Fidelity Spartan Total Market Index Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Fidelity Tax Managed Stock Fund	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	P
	Legg Mason American Leading Companies Mutual Fund	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500	P
DC	Legg Mason Growth Trust Mutual Fund (Selia)	$15,001 - $50,000	None	NONE	P
DC	Legg Mason Growth Trust Mutual Fund (Shaan)	$15,001 - $50,000	None	NONE	P
	Legg Mason IRA - American Leading Companies Trust Mutual Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Legg Mason IRA - Growth Trust Inc. Mutual Fund	$15,001 - $50,000	None	NONE	
	Legg Mason IRA - Opportunity Trust Mutual Fund	$50,001 - $100,000	CAPITAL GAINS	$1 - $200	
	Legg Mason IRA - Royce Total Return Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Legg Mason IRA - Special Investment Trust Mutual Fund	$15,001 - $50,000	CAPITAL GAINS	$5,001 - $15,000	P
	Legg Mason IRA - Value Trust Mutual Fund	$15,001 - $50,000	None	NONE	
	Legg Mason Opportunity Trust Mutual Fund	$50,001 - $100,000	CAPITAL GAINS	$1 - $200	
DC	Legg Mason Opportunity Trust Mutual Fund (Selia)	$15,001 - $50,000	CAPITAL GAINS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Nam Bobby Jindal

DC	Legg Mason Opportunity Trust Mutual Fund (Shaan)	$15,001 - $50,000	CAPITAL GAINS	$1 - $200	P
DC	Legg Mason Royce Total Return Fund (Selia)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
DC	Legg Mason Royce Total Return Fund (Shaan)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Legg Mason Special Investment Trust Mutual Fund	$50,001 - $100,000	CAPITAL GAINS	$5,001 - $15,000	P
DC	Legg Mason Special Investment Trust Mutual Fund (Selia)	$15,001 - $50,000	CAPITAL GAINS	$5,001 - $15,000	P
DC	Legg Mason Special Investment Trust Mutual Fund (Shaan)	$15,001 - $50,000	CAPITAL GAINS	$2,501 - $5,000	P
	Legg Mason U.S. Small Capital Value Trust Mutual Fund	$15,001 - $50,000	CAPITAL GAINS	$5,001 - $15,000	P
	Legg Mason Value Trust Mutual Fund	$15,001 - $50,000	None	NONE	
DC	Legg Mason Value Trust Mutual Fund (Selia)	$15,001 - $50,000	None	NONE	P
DC	Legg Mason Value Trust Mutual Fund (Shaan)	$15,001 - $50,000	None	NONE	P
DC	Louisiana Start (Selia)	$15,001 - $50,000	DIVIDENDS/State Match/CAPITAL GAINS	$2,501 - $5,000	P
DC	Louisiana Start (Shaan)	$1,001 - $15,000	DIVIDENDS/State Match/CAPITAL GAINS	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

DC	Louisiana Start (Slade)	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS/State Match	$201 - $1,000	P
DC	Merrill Lynch - Blackrock Basic Mutual Fund Class B	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
DC	Merrill Lynch - Blackrock Basic Value Fund	$1,001 - $15,000	None	NONE	P
DC	Merrill Lynch - Blackrock Euro Fund Mutual Fund	$1,001 - $15,000	None	NONE	P
DC	Merrill Lynch - Blackrock Fundamental Growth Mutual Fund	$1,001 - $15,000	None	NONE	P
DC	Merrill Lynch - Blackrock Fundamental Growth Mutual Fund Class B	$1,001 - $15,000	None	NONE	P
DC	Merrill Lynch - Blackrock Latin America Mutual Fund	$1,001 - $15,000	None	NONE	P
DC	Merrill Lynch - Blackrock Natural Resources Mutual Fund	$1,001 - $15,000	None	NONE	P
DC	Merrill Lynch - Blackrock Pacific Mutual Fund	$1,001 - $15,000	None	NONE	P
DC	Merrill Lynch - Blackrock Value Opportunity Mutual Fund	$1,001 - $15,000	None	NONE	P
DC	Merrill Lynch - Blackrock Value Opportunity Mutual Fund Class B	$1,001 - $15,000	CAPITAL GAINS	$1 - $200	P
	Merrill Lynch and Company, Inc. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Merrill Lynch Basic Value Mutual Fund Class B	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby Jindal

	Merrill Lynch Euro Fund Mutual Fund Class B	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	P
	Merrill Lynch Latin America Mutual Fund Class B	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Merrill Lynch Pacific Fund Mutual Fund Class B	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Merrill Lynch S&P 500 Index Fund	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	P
	Merrill Lynch Value Opp. Mutual Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	P
SP	Monsanto 401(k) - Aggressive Portfolio Fund	$1,001 - $15,000	None	NONE	
SP	Monsanto 401(k) - Large Company Fund	$50,001 - $100,000	None	NONE	
	Roth IRA - Legg Mason Opportunity Trust Mutual Fund	$1,001 - $15,000	CAPITAL GAINS	$1 - $200	
SP	Roth IRA - Legg Mason Opportunity Trust Mutual Fund	$1,001 - $15,000	CAPITAL GAINS	$1 - $200	
SP	Roth IRA - Legg Mason Royce Pennsylvania Mutual Fund	$1,001 - $15,000	CAPITAL GAINS	$1 - $200	
	Roth IRA - Legg Mason Royce Pennsylvania Mutual Fund	$1,001 - $15,000	CAPITAL GAINS	$1 - $200	
	Roth IRA - Legg Mason Special Investment Trust Mutual Fund	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	
SP	Roth IRA - Legg Mason Special Investment Trust Mutual Fund	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	
	Roth IRA - Legg Mason Value Trust Mutual Fund	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby Jindal

SP	Roth IRA - Legg Mason Value Trust Mutual Fund	$1,001 - $15,000	None	NONE	
DC	VEST Chesapeake Portfolio	$1,001 - $15,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Bobby Jindal

R port any purchase, sale or xchange by you, y ur spous , or d pendent child during the reporting year of any real property, stocks, bonds, comm diti futures, or other s curities when the amount f th transacti n or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spous , r your d pendent child, or the purchas r sale of your p rsonal resid nce, unless it l rented out. Provid a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
DC	Merrill Lynch - Blackrock Basic Value Fund	P	12-22-06	$1,001 - $15,000
DC	Merrill Lynch - Blackrock Euro Fund Mutual Fund	P	12-22-06	$1,001 - $15,000
DC	Merrill Lynch - Blackrock Fundamental Growth Mutual Fund	P	12-22-06	$1,001 - $15,000
DC	Merrill Lynch - Blackrock Latin America Mutual Fund	P	12-22-06	$1,001 - $15,000
DC	Merrill Lynch - Blackrock Natural Resources Mutual Fund	P	12-22-06	$1,001 - $15,000
DC	Merrill Lynch - Blackrock Pacific Mutual Fund	P	12-22-06	$1,001 - $15,000
DC	Merrill Lynch - Blackrock Value Opportunity Mutual Fund	P	12-22-06	$1,001 - $15,000
DC	Merrill Lynch - Blackrock Fundamental Growth Mutual Fund Class B	P	10-27-06	$1,001 - $15,000
DC	Merrill Lynch - Blackrock Basic Mutual Fund Class B	P	10-27-06	$1,001 - $15,000
DC	Merrill Lynch - Blackrock Value Opportunity Mutual Fund Class B	P	10-27-06	$1,001 - $15,000
SP	Albemarle 401(k) - Albemarle Stock	P	3-31-06, 6-30-06, 9-30-06, 12-31-06	$1,001 - $15,000
SP	Albemarle 401(k) - Merrill Lynch Equity Index Trust Tier I	P	3-31-06, 6-30-06	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Bobby Jindal

Report any purchas , sal or exchange by you, your pouse, or dependent child during the reporting year f any real property, stocks, bonds, c mmodities futures, or other securities wh n the amount of the transaction or series of transacti ns exceeded $1,000. Include tran actions that resulted in a loss. Do not report a transaction between you, your spouse, or y ur dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Albemarle 401(k) - PIMCO Total Return Fund Class A Mutual Fund	P	3-31-06, 6-30-06, 9-30-06, 12-31-06	$1,001 - $15,000
	Fidelity Growth Company Mutual Fund	P	2-9-06, 3-10-06, 4-5-06, 5-12-06, 6-12-06	$15,001 - $50,000
	Fidelity Spartan 500 Index Mutual Fund	P	1-3-06, 2-9-06, 3-10-06, 4-5-06, 5-12-06, 6-2-06, 6-12-06, 12-22-06	$50,001 - $100,000
	Fidelity Spartan Total Market Index Fund	P	3-10-06, 4-5-06, 4-7-06, 5-12-06, 6-12-06, 12-22-06	$15,001 - $50,000
	Fidelity Tax Managed Stock Fund	P	1-3-06, 3-10-06, 4-5-06, 5-12-06, 6-12-06, 12-1-06	$15,001 - $50,000
DC	Legg Mason Growth Trust Mutual Fund (Selia)	P	2-1-06, 4-24-06	$1,001 - $15,000
DC	Legg Mason Growth Trust Mutual Fund (Shaan)	P	1-27-06, 4-24-06	$1,001 - $15,000
DC	Legg Mason Opportunity Trust Mutual Fund (Selia)	P	2-1-06, 6-27-06, 12-11-06, 4-24-06	$1,001 - $15,000
DC	Legg Mason Opportunity Trust Mutual Fund (Shaan)	P	1-27-06, 6-27-06, 12-11-06, 4-24-06	$1,001 - $15,000
DC	Legg Mason Royce Total Return Fund (Selia)	P	2-1-06, 6-13-06, 9-13-06, 12-7-06	$1,001 - $15,000

1992

SCHEDULE IV - TRANSACTIONS

Name Bobby Jindal

R port any purchase, sale or exchange by you, your spous , or d pendent child during the reporting year of any real pr p rty, stocks, bonds, c mmodities futures, r other securities wh n the amount of the transaction or series of transactions xceeded $1,000. Includ transactions that resulted in a loss. Do not rep rt a transaction between you, your spous , or your dependent child, r th purchase or sale of your personal residence, unless it is rented ut. Provide a bri f

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
DC	Legg Mason Royce Total Return Fund (Shaan)	P	1-27-06, 6-13-06, 9-13-06, 12-7-06	$1,001 - $15,000
DC	Legg Mason Special Investment Trust Mutual Fund (Selia)	P	2-1-06, 6-28-06, 12-11-06	$1,001 - $15,000
DC	Legg Mason Special Investment Trust Mutual Fund (Shaan)	P	1-27-06, 6-28-06, 12-11-06	$1,001 - $15,000
DC	Legg Mason Value Trust Mutual Fund (Selia)	P	2-1-06, 4-24-06	$1,001 - $15,000
DC	Legg Mason Value Trust Mutual Fund (Shaan)	P	1-27-06, 4-24-06	$1,001 - $15,000
DC	Louisiana Start (Slade)	P	10-11-06, 12-28-06, 12-31-06	$1,001 - $15,000
DC	Louisiana Start (Shaan)	P	1-4-06, 6-23-06, 12-28-06, 12-31-06	$1,001 - $15,000
DC	Louisiana Start (Selia)	P	1-9-06, 6-23-06, 12-28-06, 12-31-06	$1,001 - $15,000
	Merrill Lynch S&P 500 Index Fund	P	7-20-06, 12-19-06	$1,001 - $15,000
	Merrill Lynch Euro Fund Mutual Fund Class B	P	11-03-06	$1,001 - $15,000
	Merrill Lynch Basic Value Mutual Fund Class B	P	9-20-06, 12-07-06	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Bobby Jindal

Report any purchase, sale or exchang by you, your spouse, or dependent child during the reporting year f any real property, stocks, bonds, commodities futures, or other securities wh n the amount of the transaction or seri s f transactions exceed d $1,000. Include transacti ns that resulted in a loss. Do not report a tran acti n between you, y ur spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Pr vide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Merrill Lynch Value Opp. Mutual Fund	P	7-20-06, 12-07-06	$1,001 - $15,000
	Legg Mason American Leading Companies Mutual Fund	P	5-31-06, 6-28-06, 12-11-06	$1,001 - $15,000
	Legg Mason U.S. Small Capital Value Trust Mutual Fund	P	6-27-06, 12-11-06, 12-15-06	$1,001 - $15,000
	Legg Mason Special Investment Trust Mutual Fund	P	6-28-06, 12-11-06	$1,001 - $15,000
	Legg Mason IRA - Special Investment Trust Mutual Fund	P	6-28-06, 12-11-06	$1,001 - $15,000
	Legg Mason IRA - Royce Total Return Fund	P	6-13-06, 12-7-06	$1,001 - $15,000

SCHEDULE VIII - POSITIONS

Name Bobby Jindal

Report all positi ns, compensated or uncompensated, held during the current al ndar year as an officer, director, trustee of an organization, partn r, proprietor, representative, employee, or consultant of any corporati n, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educati nal or other institution other than th United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed n Schedule I.

Position	Name of Organization
Trustee	Brown University
Fellow	Young Presidents' Organization
Member	Advisory Panel on Medicare Education, U.S. Dept. Health and Human Services

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

(5)

HAND DELIVERED

2007 MAY 11 AM 11:19

HC

(Office Use Only)

Eddie Bernice Johnson
(Full Name)

3102 Maple Avenue Suite 600 Dallas, TX 75201
(Mailing Address)

214-922-8885
Daytime Telephone:

Filer Status: [x] Member of the U.S. House of Representatives — State: TX — District: 30 — [ ] Officer Or Employee — Employing Office:

Report Type: [x] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone wh files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [x] No [ ]	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [ ] No [x]	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [x] No [ ]	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes [ ] No [x]	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [ ] No [x]	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes [ ] N [x]	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes [x] No [ ]	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes [ ] No [x]	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ] No [x]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [x] No [ ]
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [x]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Eddie Bernice Johnson	May 10, 2007

1996

SCHEDULE I - EARNED INCOME

Name Eddie Bernice Johnson

List the sourc , type, and amount of earn d income from any sourc (other than the filer's curr nt mpl yment by the U.S. G v rnment) t taling $200 or more during the prec ding calendar year. For a sp use, list th source and amount of any hon raria; list only the source for other sp us earned incom exceeding $1,000.

Source	Type	Amount
State of Texas	Legislative Pension	$35,000
Social Security	Over 65	$18,000

1997

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eddie Bernice Johnson

BLOCK A **Ass t and/or Incom Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Typ of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
EBJ Associates		QUALIFIED BLIND TRUST		
Metronomics		QUALIFIED BLIND TRUST		
Oppenheimer Main Street Fidelity Fund				
Putnam Investors Fund		Dividends		
Putnam New Oppurtunity				
Texas Federal Credit Union		INTEREST		

1998

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eddie Bernice Johnson

U.S. Savings Bonds		INTEREST		
Waterhouse Securities		DIVIDENDS		

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Eddie Bernice Johnson

Identify th sourc and list trav l itin rary, dates, and nature of xp ns s provided for travel and travel-r lated expenses t taling more than $305 r c iv d by you, your spouse, or a dep ndent child during th r porting period. Indicate whether a family m mber accompani d the travel r at th sp nsor's expense, and the amount of time, if any, that was not at the spons r's xpens . Disclosur is required regardl ss of wheth r the expens s w re reimbursed or paid directly by th sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required t be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provid d to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's exp nse
Japan US Friendship Commission	Nov. 27 - December 2, 2006	Dallas, TX - Seoul, South Korea - Washington, DC	Y	Y	Y	None
CaribNews Foundation	Nov. 9 - November 12, 2006	Washington, DC- Panama City, Panama _ Washington, DC	Y	Y	Y	None
Association of Chinese Professionals/ACP-DFW	April 9- April 15, 2006	Dallas, TX to Guangzhou, China to Dallas TX	Y	Y	N	None

2000

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

(3) HAND DELIVERED
RESOURCE CENTER
2007 JUN 14 PM 5:20
THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Henry C. "Hank" Johnson, Jr.
(Full Name)

4706 Lionshead Circle, Lithonia, Georgia 30038 (202) 225-1605
(Mailing Address) Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: Georgia District: Four	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	N ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	N ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Henry C. "Hank" Johnson, Jr.	6/14/07

2001

Nam Henry C. "Hank" Johnson, Jr. | Pag 2 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Johnson & Johnson Law Group LLC	Share of Law Firm Profit	$35,102.00
	Dekalb County, Georgia	Pension & Salary	$11,699.49
	Johnson & Johnson Law Group LLC	Spouse Salary	N.A.

For payments to charity in lieu of honoraria, use Schedule II.

2002

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Johnson + Johnson Law Group LLC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33-427 (TRBC)

Use additional sheets if more space is required.

2003

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2007 MAY 11 PM 3:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

THE HONORABLE SAMUEL ROBERT JOHNSON
(Full Name)
1211 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(Mailing Address)
Daytime Telephone (202) 225.4201

Filer Status	☑ Member of the U.S. House of Representatives — State: TX District: 03	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	N ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	N ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	N ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" respons .**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	N ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Samuel R. Johnson	5-07-07

2004

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name SAMUEL JOHNSON | Page 2 13

BLOCK A — Asset and/ r Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Valu of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Typ of Incom

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Amount of Inc me

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A		Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock					X								X																	P
			Simon & Schuster			Indefinite															Royalties									X			
			1st Bank of Paducah, KY accounts						X									X									X						
	BOOK ROYALTIES					INDEFINITE															ROYALTIES			X									
	LEGACY BANK OF TEXAS				X													X					X										
	CONGRESSIONAL FCU				X													X					X										
	VIEWPOINT BANK				X													X					X										
	FRANKLIN GOLD					X													X								X						

For additi nal assets and unearned incom , us next pag .

2005

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD OF REGENTS	SMITHSONIAN INSTITUTION, WASHINGTON, DC
BOARD MEMBER	FRONTIERS OF FLIGHT, DALLAS, TX
BOARD MEMBER	INSTITUTE IN BASIC LIFE PRINCIPLES, OAK BROOK, IL

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2007 33-427 (mac)

Use additional sheets if more space is required.

2006

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED
ARCHIVE RESOURCE CENTER
2007 MAY 14 PM 3:36
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Timothy Vincent Johnson
(Full Name)

413 Beringer Circle Urbana, IL 61802
(Mailing Address)

212-225-2371
Daytime Telephone

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives	State: IL District: 15	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ N ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ N ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calender year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ N ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriat schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		

2007

SCHEDULE I - EARNED INCOME

Name Timothy Vincent Johnson

List th source, typ , and am unt f arn d incom from any source (oth r than the filer's curr nt empl yment by the U.S. Gov rnment) totaling $200 or more during the pr c ding cal ndar year. For a spouse, list the sourc and amount of any honoraria; list only th source for other spouse arn d income xceeding $1,000.

Source	Type	Amount
State of Illinois	Legislative Pension	$59,814

2008

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy Vincent Johnson

BLOCK A **Ass t and/or Incom Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Y ar-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Incom** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
AMCAP Fund	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000	
AMCAP FUND	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Bank of Rantoul Certificate of Deposit	$1,001 - $15,000	INTEREST	$201 - $1,000	
Busey Bank of St. Joseph Certificate of Deposit	$1,001 - $15,000	INTEREST	$201 - $1,000	
Central IL Bank of Sidney Certificate of Deposit	$15,001 - $50,000	INTEREST	$201 - $1,000	
Condominium (1/2 Interest)	$15,001 - $50,000	RENT	$5,001 - $15,000	

2009

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy Vincent Johnson

	DWS (Scudder) High Income Fund	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
	Eaton Vance Tax Managed Growth	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Farm Bur Bk Certificate of Deposit	$50,001 - $100,000	INTEREST	$1,001 - $2,500	P
	Federal Hm Ln Mtg Corp Government Bond	$50,001 - $100,000	INTEREST	$1,001 - $2,500	P
	Federal Home Ln Bks Cons Bds Government Bond	$50,001 - $100,000	INTEREST	$1,001 - $2,500	P
	Fidelity Advisor Diversified International	$100,001 - $250,000	CAPITAL GAINS	$5,001 - $15,000	
	Fidelity Advisor Diversified International	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
	Fidelity Advisor Dividend Growth	None	None	NONE	S
	Fidelity Advisor Equity Growth	$50,001 - $100,000	None	NONE	S
	Fidelity Advisor Equity Income	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	PS
	Fidelity Advisor Equity Income	$100,001 - $250,000	CAPITAL GAINS	$5,001 - $15,000	
	Fidelity Advisor Mid Cap Stock	$50,001 - $100,000	CAPITAL GAINS	$5,001 - $15,000	
	Fidelity Advisor Mid Cap Stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	PS
	Fidelity Advisor New Insights	$50,001 - $100,000	CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy Vincent Johnson

	Fidelity Advisor New Insights	$50,001 - $100,000	DIVIDENDS	$1 - $200	P
	Fidelity Advisor Small Cap Fund	$50,001 - $100,000	CAPITAL GAINS	$5,001 - $15,000	
	Fidelity Advisor Small Cap Value	$50,001 - $100,000	CAPITAL GAINS	$1,001 - $2,500	
	Fidelity Advisor Small Cap Value	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	P
	First Bank of Rantoul & Paris Certificate of Deposit	None	INTEREST	$201 - $1,000	S
	First Mid IL Bank & Trust of Mattoon Certificate of Deposit	$1,001 - $15,000	INTEREST	$201 - $1,000	
	First National Bank in Paxton Certificate of Deposit	$1,001 - $15,000	INTEREST	$201 - $1,000	
	First National Bank of Atwood Certificate of Deposit	None	INTEREST	$201 - $1,000	S
	First National Bank of Ogden Certificate of Deposit	$1,001 - $15,000	INTEREST	$201 - $1,000	
	FiServe Securities	$1 - $1,000	DIVIDENDS	$1 - $200	
	Golf Svgs Bk Certificate of Deposit	None	INTEREST	$1,001 - $2,500	S
	Hartford Capital Apprec Fund	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000	
	Hartford Capital Apprec Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	I Shares TR Russell 2000 Index Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy Vincent Johnson

	LaSalle Bk Midwest Natl Asn Certificate of Deposit	$50,001 - $100,000	None	NONE	P
	Longview State Bank Certificate of Deposit	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Main Street Bank & Trust Certificate of Deposit	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Mid First Bk Okla City Certificate of Deposit	None	INTEREST	$1,001 - $2,500	S
	Philo Exchange Bank Certificate of Deposit	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Sidell State Bank (formerly First National Bank in Homer) Certificate of Deposit	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Sky Bk Salineville OH Certificate of Deposit	None	INTEREST	$1,001 - $2,500	S
	Sun America Money Market	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000	
	Tuscola National Bank Certificate of Deposit	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Villa Grove State Bank Certificate of Deposit	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Washington Mut Bk Certificate of Deposit	$50,001 - $100,000	None	NONE	P

SCHEDULE IV - TRANSACTIONS

Name Timothy Vincent Johnson

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year f any real property, stocks, b nds, commodities futures, or other securitie when the amount of th transaction or series of transacti ns exceeded $1,000. Include transactiona that r sulted in a loss. Do not report a transaction between you, your sp use, or your dependent child, or th purchase r sale f your pers nal r sidence, unl ss it is rent d out. Provid a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Fidelity Advisor New Insights	P	01-26-06	$50,001 - $100,000
	Fidelity Advisor Small Cap Value	P	01-26-06	$50,001 - $100,000
	Fidelity Advisor Dividend Growth	S	01-26-06	$50,001 - $100,000
	Fidelity Advisor Equity Growth	S	01-26-06	$50,001 - $100,000
	Fidelity Advisor Mid Cap Stock	S	01-26-06	$15,001 - $50,000
	Fidelity Advisor Equity Income	S	01-26-06	$15,001 - $50,000
	Fidelity Advisor Mid Cap Stock	P	01-26-06	$15,001 - $50,000
	Fidelity Advisor Equity Income	P	01-26-06	$15,001 - $50,000
	Federal Hm Ln Mtg Corp Government Bond	P	07-31-06	$50,001 - $100,000
	Federal Home Ln Bks Cons Bds Government Bond	P	8-14-06	$50,001 - $100,000

2013

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 AM 10: 48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Stephanie Tubbs Jones
(Full Name)

1009 Longworth House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-7032
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representative — State: OH District: 11 — ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ N ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ N ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ N ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Stephanie Tubbs Jones	5/15/07

2014

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephanie Tubbs Jones

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Typ of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount f Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purcha es (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
Jihaad Filmworks Inc.	$1,001 - $15,000	NA	NONE	
New York Life Annuity	$100,001 - $250,000	INTEREST	$15,001 - $50,000	
Public Employees Retirement System	$100,001 - $250,000	NA	$50,001 - $100,000	

2015

SCHEDULE V - LIABILITIES

Name Stephanie Tubbs Jones

R port liabiliti s f over $10,000 wed to any on credit r at any time during the reporting period by y u, your spouse, r d pend nt child. Mark the high st am unt owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by autom biles, household furniture, or appliances; and liabilities ow d t a sp use, or the child, parent, or sibling of y u or your sp use. Report "revolving charg accounts" (i.e., credit cards) only if the balanc at the clos of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Wright Patman Congressional Federal Credit Union	Credit Card	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Stephanie Tubbs Jones

Identify th source and list travel itin rary, dates, and nature of xpenses provided for trav l and travel-related expens s totaling more than $305 receiv d by y u, your spouse, or a dependent child during the reporting period. Indicate wheth r a family m mber accompanied the trav ler at the spons r's xpens , and the amount f time, if any, that was not at th sponsor's xpense. Disc l sure is required regardle s f whether th exp nses were reimbursed r paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided t a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Ohio Legislative Black Caucus Foundation	Sept. 18-19	Cleveland, OH-Cincinnati, OH-DC	Y	Y	N	None
Butler County NAACP	Sept. 23-24	Cleveland, OH-Cincinnati, OH-Cleveland, OH	Y	Y	N	None
Carib News Foundation	Nov. 9-12	Cleveland, OH-Panama City, Panama-DC	Y	Y	Y	None

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Stephanie Tubbs Jones

Id ntify th s urce and list travel itin rary, dates, and nature f xpenses provided for trav l and travel-related expenses t taling more than $305 receiv d by you, y ur sp use, or a dependent child during the rep rting peri d. Indicate whether a family member accompanied the trav l r at the sponsor's xpense, and th amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of wh th r the expens s w re reimbursed r paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, stat , and local governments, or by a foreign government required to be separately reported und r the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided t a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Inter-American Economic Council	Jan. 11-15	DC-Montego Bay, Jamaica-DC	Y	Y	N	None
National Bar Association	Jan. 17-21	DC-St. Michael, Barbados WI-DC	Y	Y	N	None
Montgomery County Democratic Central Committee	Mar. 5	Cleveland, OH-DC	N	Y	N	None
Indiana University	Mar. 24-26	Cleveland, OH-Indianapolis, IN-Cleveland, OH	Y	Y	N	None
Odyssey Media	Apr. 20-23	Cleveland, OH-Phoenix, AZ-Washington, DC	Y	Y	N	None
Harvard University	Apr. 28	DC-Boston, MA-Cleveland, OH	Y	Y	N	None
Congressional Black Caucus Foundation	May 4-6	DC-Miami, FL-Cleveland, OH	Y	Y	N	None
The Ohio State University	June 11-12	Cleveland, OH-Columbus, OH-DC	Y	Y	N	None
National Bar Association	Aug. 7-8	Cleveland, OH-Detroit, MI-Cleveland, OH	Y	Y	N	None
Blacks in Government	Aug. 25-26	Cleveland, OH-New York, NY-Cleveland, OH	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Stephanie Tubbs Jones

R port all positions, c mpensat d or unc mpensated, h ld during th current calendar year as an officer, director, trustee of an rganization, partner, proprietor, representative, employee, or c nsultant of any corp ration, firm, partnership, or any business enterprise, any nonprofit organizati n, any lab r organizati n, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political ntities; p sitions solely f an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Bethany Baptist Church Cleveland, Ohio
Trustee	Community Reentry Program Cleveland, Ohio
Trustee	University Circle Incorporated

2019

SCHEDULE IX - AGREEMENTS

Name Stephanie Tubbs Jones

Identify the date, partie t , and g n ral terms of any agreement or arrang m nt with respect t : future mpl yment; a leave f abs nce during the period of government s rvice; continuation or d ferral of payments by a former or current employer other than the U.S. Government; or continuing participati n in an employ e welfare or ben fit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
January 2, 1999	Public Employees' Retirement System	Agreement permits member to continue participating in an existing pension plan from her former service as an employee of Cuyahoga County, Ohio

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

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2007 MAY 15 PM 3:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

WALTER BEAMAN JONES
(Full Name)

2333 RHOB, WASHINGTON, DC
(Mailing Address)

202-225-3415
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

A *$200 penalty* shall be ass ss d against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] N [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] N [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" resp ns .**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—*Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed.* Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	*Yes* [ ] *No* [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] N [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are tru , complete and correct to the best of my knowledge and belief.	Walter B. Jones	

2021

Name WALTER B. JONES | Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Valu of Ass t

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Check all columns that apply.
Check "None" if asset did not generate any income during the calendar year.

BLOCK D — Am unt of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1000 in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	DC Simon & Schuster			Indefinite																Royalties									X			
	JT 1st Bank of Paducah, KY accounts						X									X										X						
JT	BB&T						X								X											X						
JT	NUCOR CORP			X											X							X										
JT	BIO-KEY			X										X							X											
JT	HYDRO-FLOW		X											X							X											
JT	INVESTORS TITLE				X										X							X										
JT	MEDCO HEALTH SOLUTIONS		X											X							X											

For additional assets and unearned incom , use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Nam WALTER B. JONES

Page 3 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type f Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	VISTEON		X											X							X											
JT	AMERICAN FUNDS				X										X			X						X								
JT	PUTNAM NEW GROWTH				X																X											

This pag may be c pi d if more spac is required.

2023

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD OF DIRECTORS	EAST CAROLINA VOCATIONAL CENTER

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2007 33-427 (mac)

Use additional sheets if more space is required.

2024

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5

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

James D. Jordan
(Full Name)

1709 South State Route 560 Urbana, OH 43078
(Mailing Address)

937-484-5811
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: OH — District: 4 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ N ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	James D. Jordan	5/14/07

2025

SCHEDULE I - EARNED INCOME

Name James D. Jordan

List the source, type, and amount of earned income from any sourc (oth r than the filer's current employment by the U.S. Gov rnment) totaling $200 or more during the pr ceding calendar y ar. For a spouse, list the source and amount of any honoraria; list only th source for oth r spous earned income exceeding $1,000.

Source	Type	Amount
State of Ohio	Salary	$57,125
Jeff Jordan State Champ Camp, LLC	Contractor Fees	$16,900
Graham Local School District	Spouse Salary	$13,880

2026

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James D. Jordan

	BLOCK A **Ass t and/or Incom Sourc** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the catagory of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicat if asset had purchases (P), sales (S), or exchanges (E) exc eding $1,000 in reporting year.
JT	Citizens National Bank	$1,001-$15,000	INTEREST	$1 - $200	
	Ohio Public Employees Def. Compensation Dodge & Cox Stock	$15,001 - $50,000	DIVIDENDS	$5,001 - $15,000	
	Ohio Public Employees Def. Compensation Program Fidelity Contra Fund	$15,001 - $50,000	DIVIDENDS	$5,001 - $15,000	
	Ohio Public Employees Retirement System Not Self Directed	$100,001 - $250,000	INTEREST	$15,001 - $50,000	
	Ohio State Teachers Retirement System	$1 - $1,000	INTEREST	$1 - $200	

2027

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James D. Jordan

SP	Ohio State Teachers Retirement System	$1,001 - $15,000	INTEREST	$1 - $200
SP	Universal Guaranty Life	$1,001 - $15,000	INTEREST	$1 - $200
	Universal Guaranty Life	$1,001 - $15,000	INTEREST	$1 - $200

SCHEDULE VIII - POSITIONS

Name James D. Jordan

Report all positions, compensated or uncompensated, held during the current calendar year as an offic r, director, trustee of an organization, partn r, proprietor, representative, employee, or consultant f any c rporati n, firm, partn rship, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than th United States. Exclude: Positions held in any religious, social, fraternal, or political entiti s; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Ohio State Senator	State of Ohio Senate 2006
Contractor	Jeff Jordan State Champ Camp, LLC 2006

Continued in House Document 110-43, Volume 2 of 4

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